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8.4 Processing a HIP Application – Part I

Gender: When referring to the Client, she/herself was used throughout Volume 4, SSM for simplicity. However, both genders, male and female, may receive benefits.

8.4.1 Overview

The Process a HIP Application work instructions describe how staff in the Service Center process applications received from potential or existing HIP Clients. Upon receipt by the Document Center, all HIP applications are scanned and the digital image(s) are stored. The extraction of data is by manual data entry at the Document Center. An Application Case is created in the WFMS for all HIP applications that are received, scanned and data entered at the Document Center. An Application Case is manually created by an Eligibility Associate or Eligibility Specialist in the Service Center only on an exception basis, if there is a problem at the Document Center that prevents keying in of HIP applications.

8.4.2 **Workgroup Responsibilities**

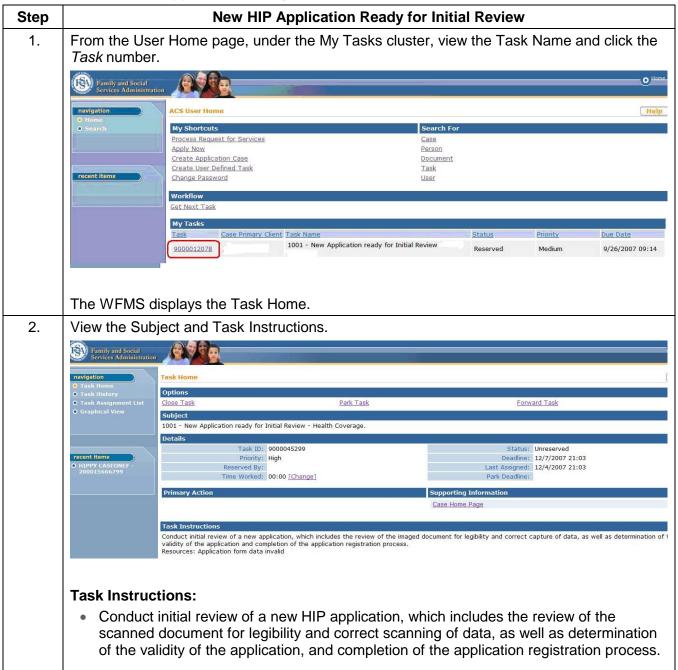
The following workgroups (WG) are responsible for processing the listed application programs for a valid application.

Role	Responsibility
HIP WG 1(Eligibility Associate)	 Eligibility Associates review and register HIP applications in priority order. If documents are legible and the application is valid, the EA file clears the members and registers the case in ICES. This action creates a task for the Eligibility Associate or Specialist assigned to the Process HIP Applications work queue.
	 A specialized group of Eligibility Associates is responsible for researching invalid new applications.
	 A specialized group of Eligibility Associates is responsible for processing Out-of-State Inquiry Requests.
HIP WG 2: (Eligibility Associate and Specialist)	Eligibility Associates and Specialists process both initial and Add a Program applications for HIP.

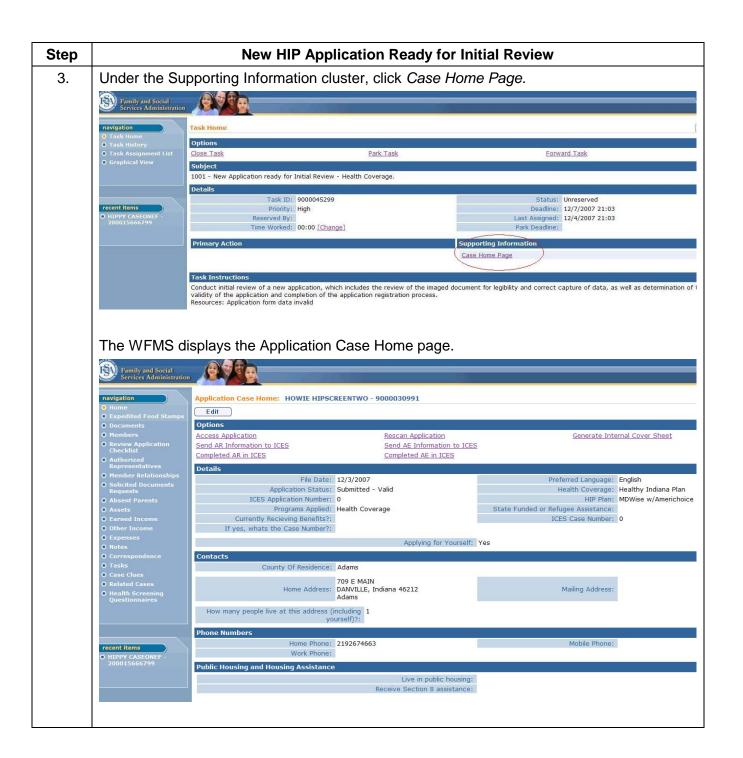
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8.4.3 **HIP Workgroup 1 Work Instructions**

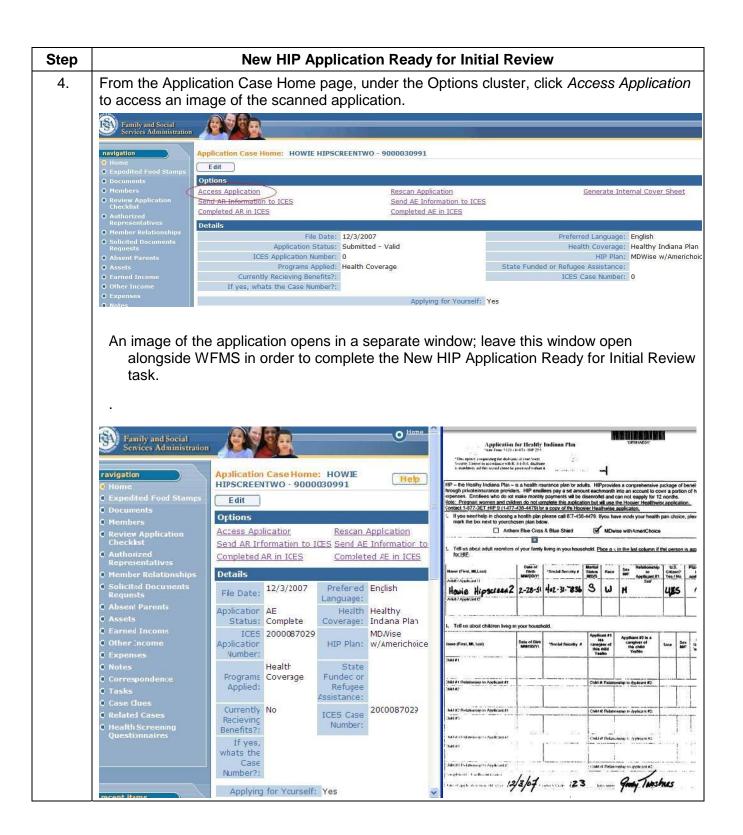
8.4.3.1 New HIP Application Ready for Initial Review



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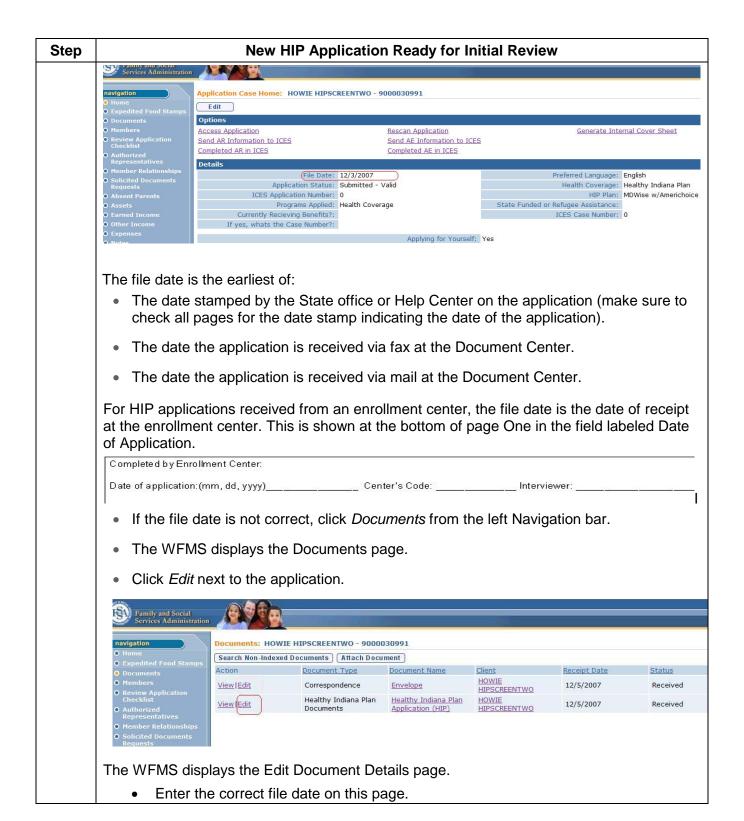
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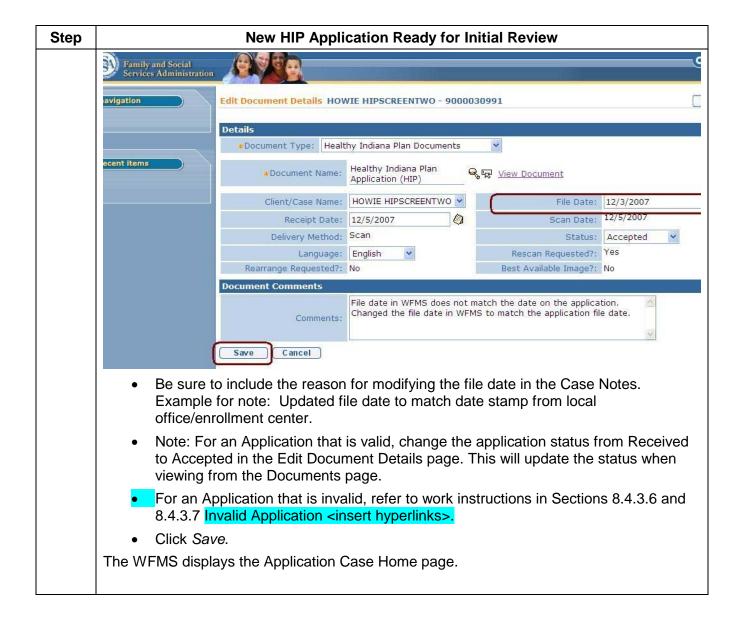
Indiana Eligibility Modernization Project Version 1.4 February 29, 2008 Volume 4. HIP SSPM

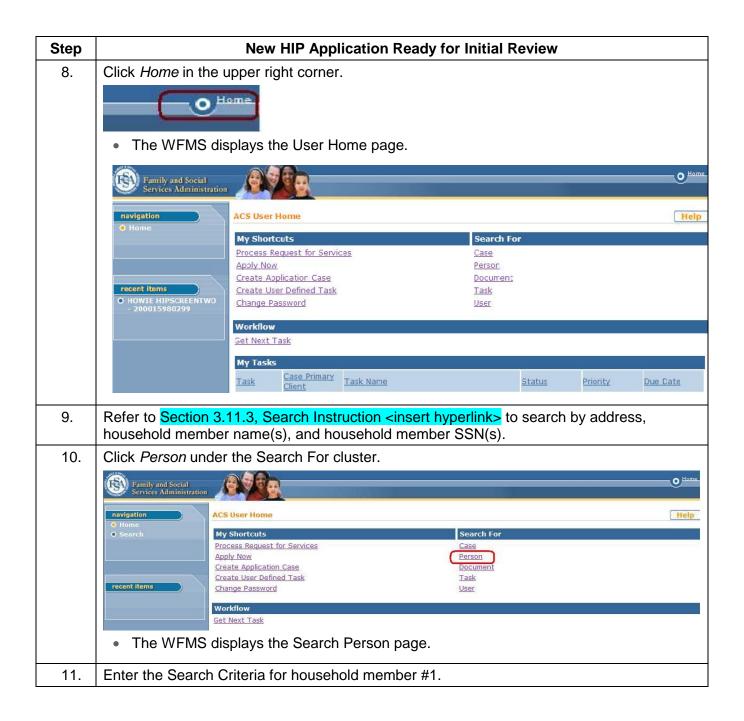
New HIP Application Ready for Initial Review Step 5. Review the images of the application to verify the images are legible and in the correct order. If the image of the application is too light to read, click Rescan Application under the Options cluster. Note: a document received by fax cannot be rescanned. Services Administration Application Case Home: HOWIE HIPSCREENTWO - 9000030991 Edit Options Access Application Generate Internal Cover Sheet Send AR Information to ICES Send AE Information to ICES Completed AR in ICES Completed AE in ICES File Date: 12/3/2007 Preferred Language: English Application Status: Submitted - Valid Health Coverage: Healthy Indiana Plan ICES Application Number: 0 HIP Plan: MDWise w/Americhoi Programs Applied: Health Coverage State Funded or Refugee Assistance: Currently Recieving Benefits?: ICES Case Number: 0 If yes, whats the Case Number?: Applying for Yourself: Yes If the pages of an application are not in the correct order and need to be rearranged, refer to Section 8.4.5.3, Processing a HIP Application WI Part II, Initiate Rearrange Document Task <insert hyperlink>. a. Review the image of the application to determine if the application is valid according to 6. policy. Valid applications must contain a name, address, and signature. If the applicant's signature is missing, a copy of the application is returned to the applicant with a notice requesting signature. Refer to Section 8.4.3.6 Invalid Application Contains Name and Address but No Signature <insert hyperlink>. If a signature is present but one (or both) of the other items is missing, it may be possible to contact the applicant by telephone to gather the information rather than request the information by mail. Refer to Section 8.4.3.7 Invalid Application Contains Name and Signature but No Address <insert hyperlink>. b. NOTE: When processing an initial application review, WFMS has a character limit on each address line. The address line has a 30 character (including spaces) limit; the city name has a 15 character limit. Abbreviations may be needed to complete the address. Example: If the city name is North Manchester (16 characters), abbreviate to N. Manchester before you push to AR. When addresses exceeding the character limit on each line, the case will be in error and you will not be able to complete your task. 7. Under the Details cluster, compare the file date in the WFMS with the earliest date stamp on the application to verify the file date has been extracted and/or data entered correctly in accordance with policy.

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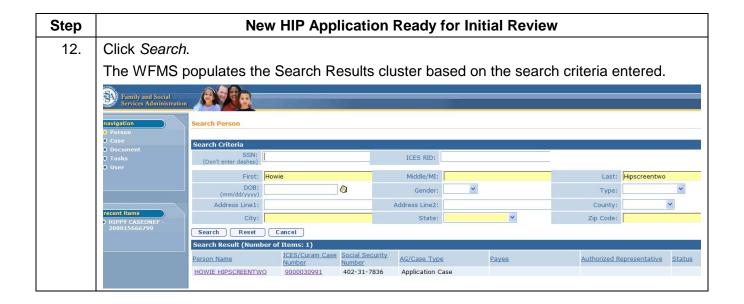


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Step **New HIP Application Ready for Initial Review**

- 13. Review the search results to determine if any of the individuals on the application are in another case with either a pending or open status.
 - Click on each case listed in the search results and review the AGs from each Case Home Page.
 - If any of the individuals on the application are in another active HIP case, determine whether the application is either an Add a Program or Add a Person application.
 - ✓ Add a Program for HIP cases occurs when a member of a household with an active HIP case is not active for HIP and then applies for HIP. Add a Person occurs when an individual without an active HIP case moves into a HIP household and submits an application for HIP. If you identify either of these situations, enter a note in WFMS for review by WG2.

Note: If the individual is in another active or closed case that is not a HIP case, a new ICES case must be created for the HIP application. ICES will not allow entry of the HIP program indicator (H) when the case contains non-HIP assistance groups or non-HIP programs are selected on these screens.

HIP applications cannot be combined with or added to ICES cases containing any non-HIP programs.

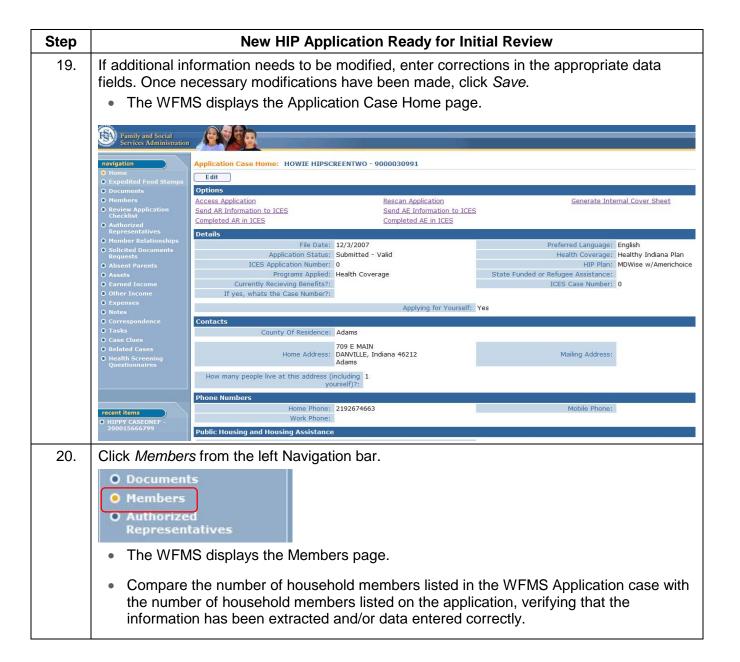
From the Application Case Home page, click Review Application Checklist from the left Navigation bar and mark the appropriate box.



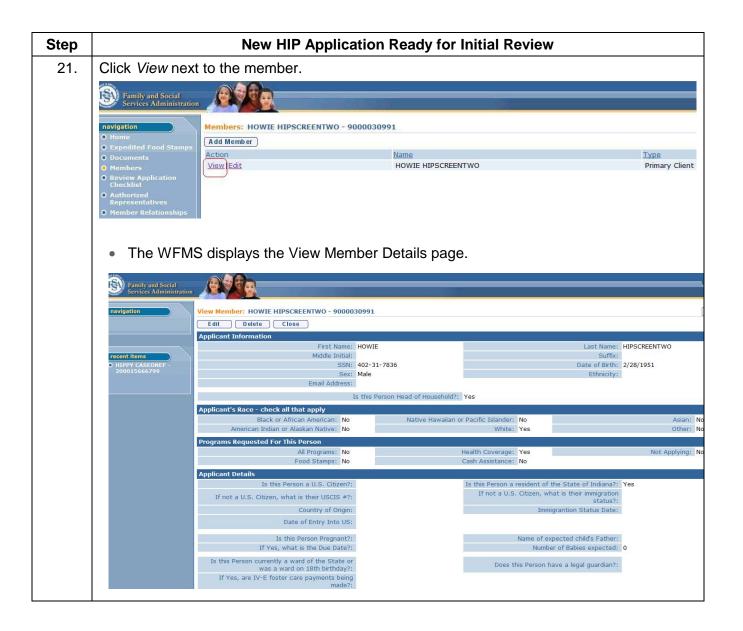
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Step	New HIP Application Ready for Initial Review				
14.	If more than one household member is listed on the application, click <i>Reset</i> to enter the next member's information. • Repeat Steps 9-13 for each household member.				
15.	Compare all information on the Application Case Home page with the application, verifying that the information has been data entered correctly.				
16.	To complete the AR and AE processes in ICES, the county and township must be entere in the WFMS Application Case. If unknown, the county and/or township may be obtained using the Township Locator on the OPS Tool home page or by using the Census Bureau website at: http://factfinder.census.gov/servlet/AGSGeoAddressServlet? lang=en& programYear=5 treeld=420.				
	Click Edit.				
	The WFMS displays the Modify Application Case page.				
	Note: Required fields are marked with a red asterisk.				
17.	Under the Participant Home Address cluster, using the drop down box, select the county associated with the participant's home address. County: Marion Marshall Martin Miami Monroe Montgomery Morgan				
18.	Under the Participant Home Address cluster, using the drop down box, select the township associated with the participant's home address. Township: Unknown Center				
	Decatur Franklin Lawrence Perry Pike Warren Washington Wayne				

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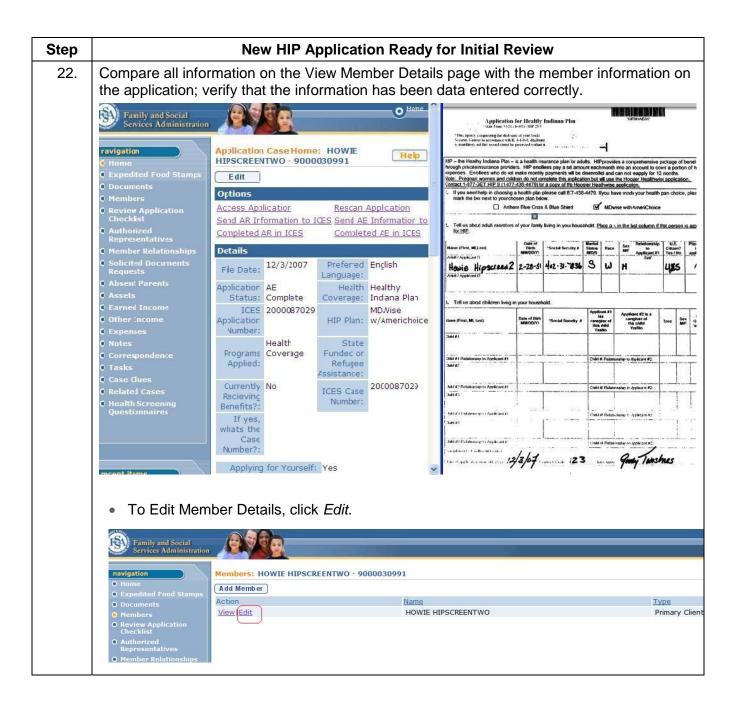


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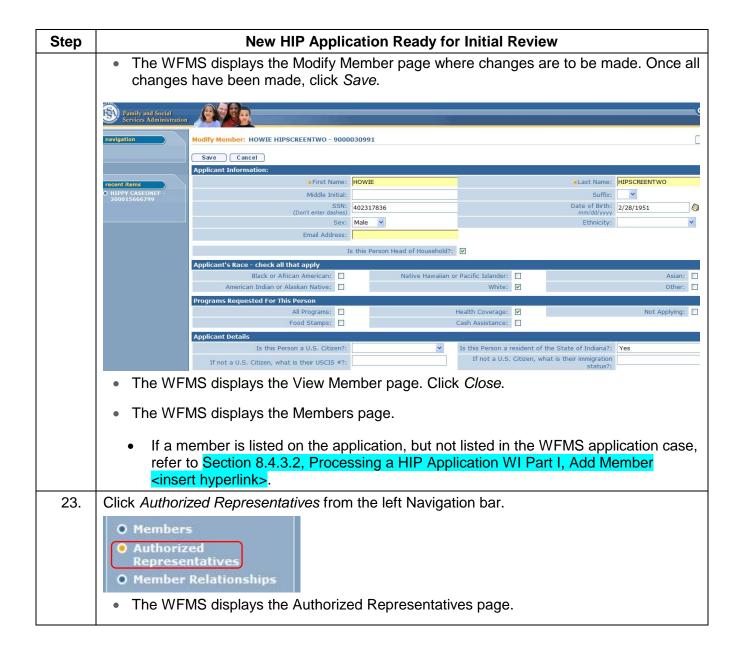


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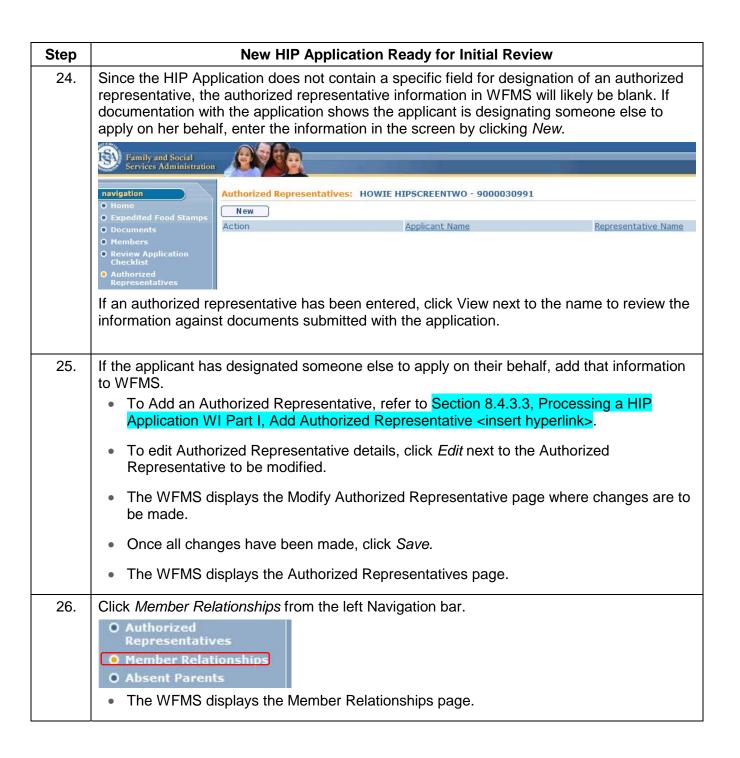
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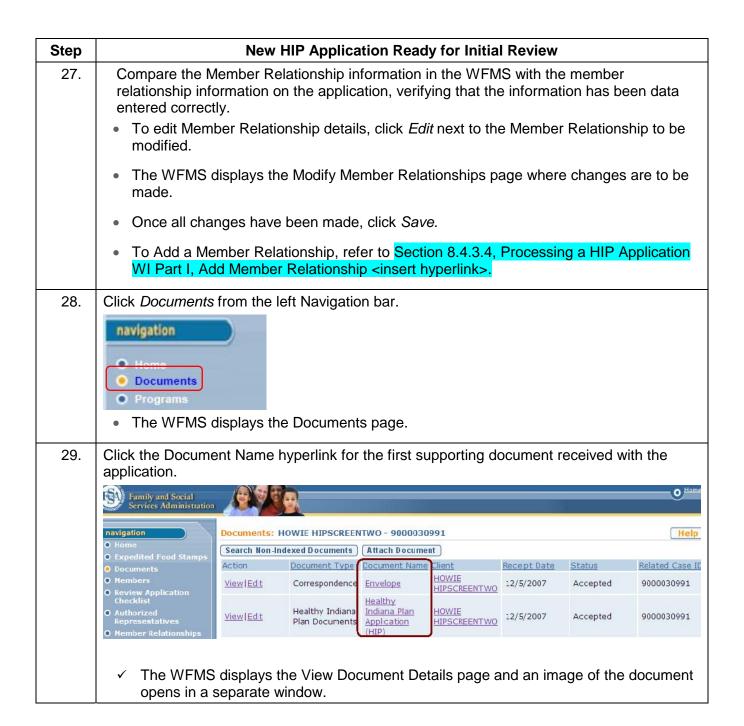
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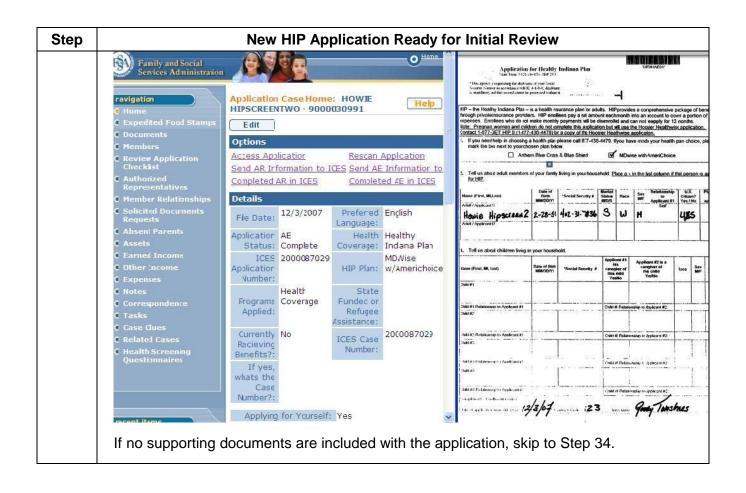
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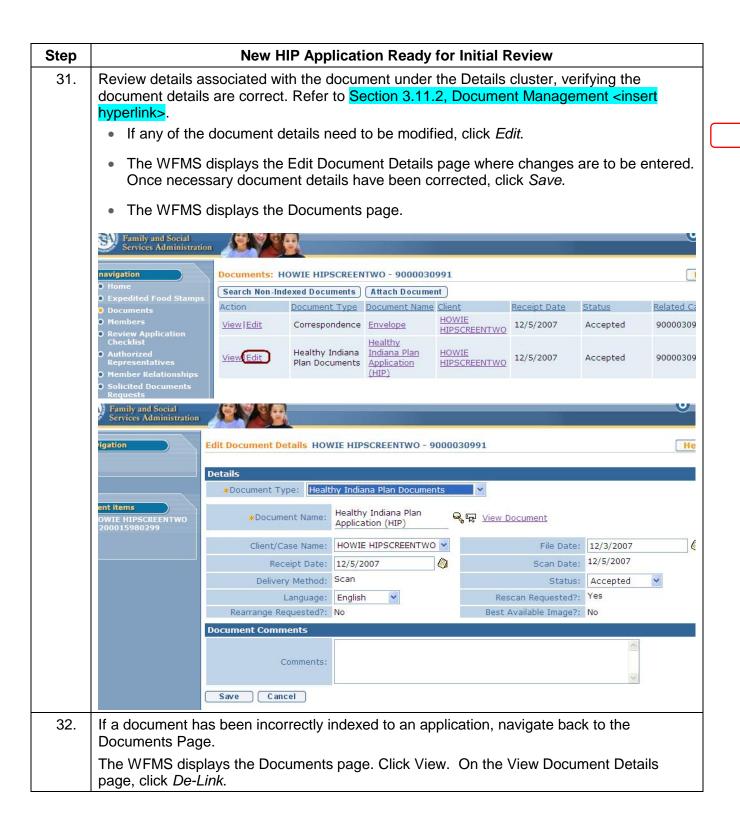


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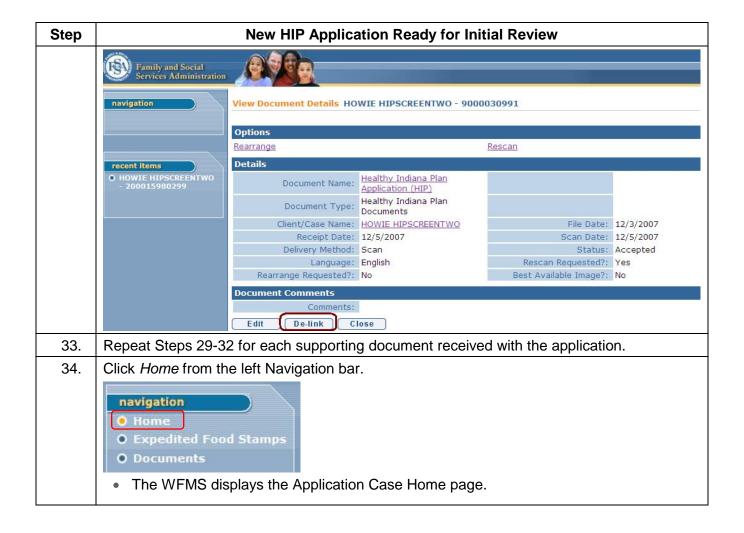


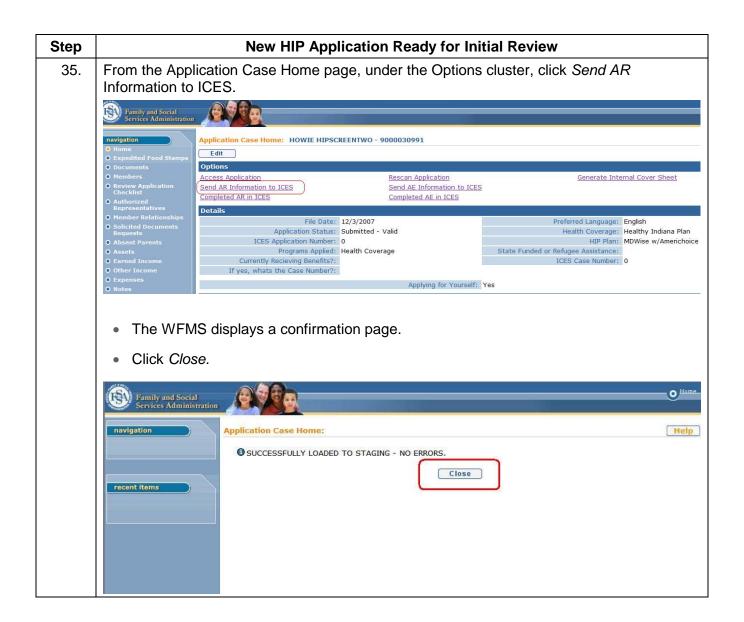
Step **New HIP Application Ready for Initial Review** Review the image of the supporting document to verify the document image is legible and 30. the pages are in the correct order. If a document image is too light to read, under the Options cluster, click Rescan. Note if the delivery method of the document is shown as Faxed, the document can not be Rescanned The WFMS displays the Rescan Confirmation page. Click Submit. Family and Social Services Administration navigation View Document Details HOWIE HIPSCREENTWO - 9000030991 Rearrange Rescan Details Document Name: Healthy Indiana Plan O HOWIE HIPSCREENTWO - 200015980299 Document Type: Documents Healthy Indiana Plan Client/Case Name: HOWIE HIPSCREENTWO File Date: 12/3/2007 Receipt Date: 12/5/2007 Scan Date: 12/5/2007 Delivery Method: Scan Status: Accepted Language: English Rescan Requested?: No Rearrange Requested?: No Best Available Image?: No **Document Comments** Comments: De-link Close Edit Family and Social Services Administration navigation Rescan Confirmation HOWIE HIPSCREENTWO - 9000030991 Are you sure that you want to initiate a rescan? Submit Cancel If the pages of a multi-page supporting document are not in the correct order and therefore need to be rearranged, refer to Section 8.4.5.3, Processing a HIP Application WI Part II, Initiate Rearrange Document Task <insert hyperlink>.

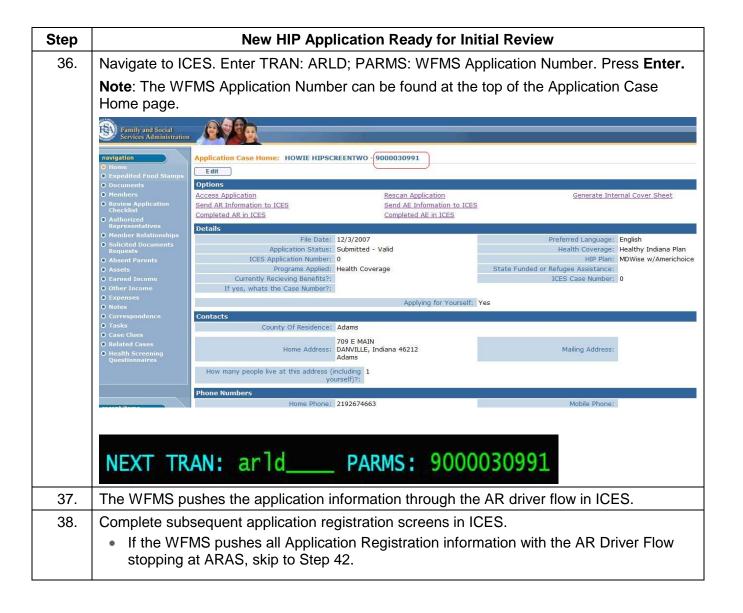
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Step	New HIP Application Ready for Initial Review						
39.	Complete screen ARIS – Individual Statewide Clearance List. ARIS displays when potential matches are found.						
	ARIS INDIVIDUAL STATEWIDE CLEARANCE LIST 07/12/07 08:54 COUNTY: 49 APPL NBR: 3000349179 WORKER: T49704 T49704 A TEST/ROGER						
	SSN FIRST MI LAST SUF DOB S R 308945688 PEYTON MANNING 05031974 M W						
	S RID/SSN FIRST MI LAST SUF DOB S R ST CO SCORE 300020553 PEYTON MANNING 05011974 M W A 49 76 311700004 PEYTON MANNING 01011970 M W I 72 61						
	PF17: ARIR (NO SELECT); PF20: TOP OF LIST; PF22: NEW INDV; PF23: AEIPC NEXT TRAN: PARMS:						
	NEXT TRAN: PARMS:						
	 NEXT TRAN: PARMS: For an exact match, place an "X" in the select column and press Enter. The next individual displays and the same process is repeated until all individuals have 						
	 NEXT TRAN: PARMS: For an exact match, place an "X" in the select column and press Enter. The next individual displays and the same process is repeated until all individuals have been cleared. If demographic data contained in ICES is different than demographic data contained on the application, reconcile the information to allow completion of the application 						
	 NEXT TRAN: PARMS: For an exact match, place an "X" in the select column and press Enter. The next individual displays and the same process is repeated until all individuals have been cleared. If demographic data contained in ICES is different than demographic data contained on the application, reconcile the information to allow completion of the application registration process without creating a duplicate RID. Be sure to include any incorrect demographic data in case notes to inform the next 						

• To confirm the individual is new, enter "Y" and press **Enter**.

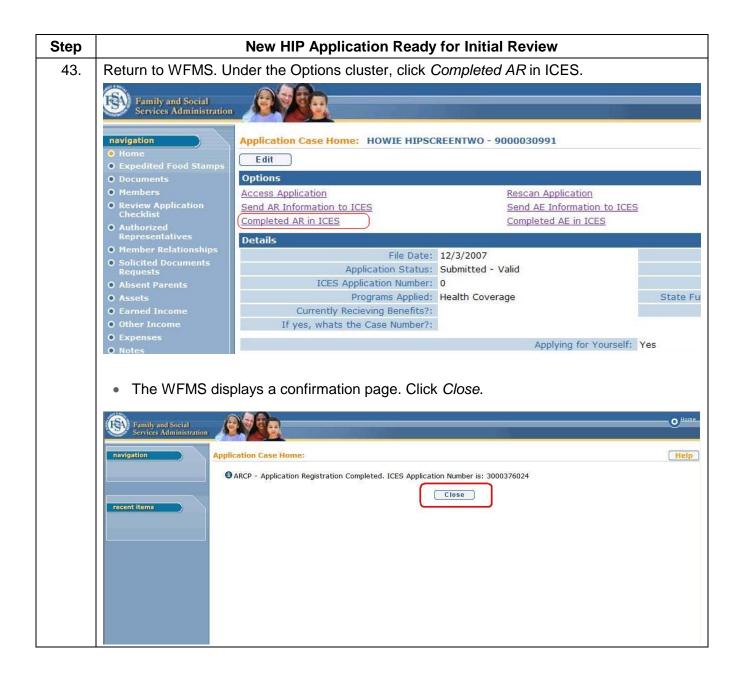
PF22 - NEW INDV, ARE YOU SURE ?, PLEASE CONFIRM:

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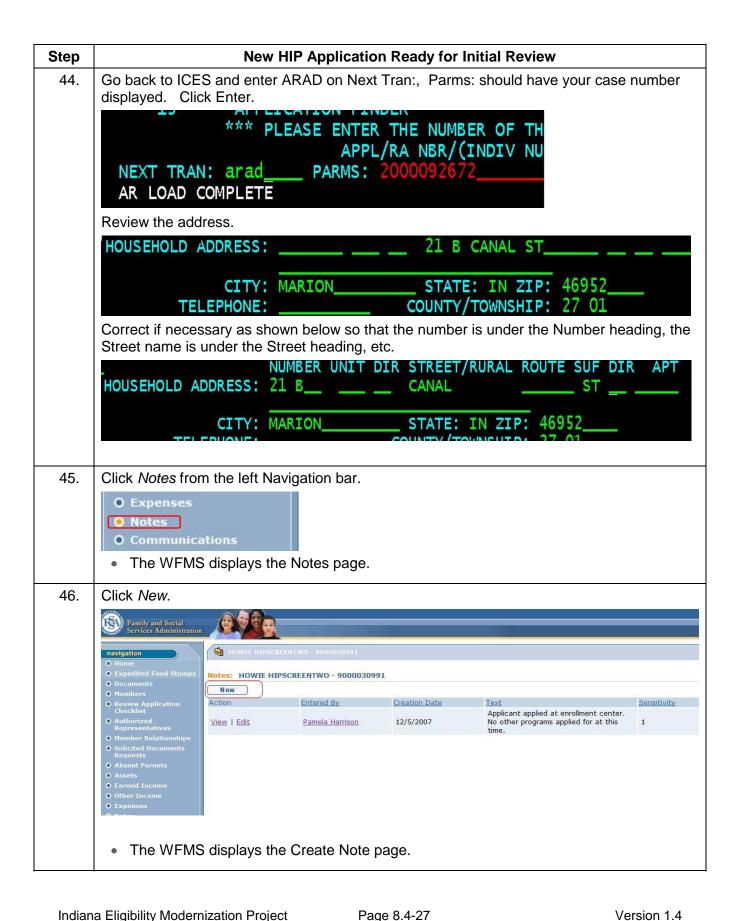
Indiana Eligibility Modernization Project

Step	New HIP Application Ready for Initial Review					
40.	Complete screen ARCR – Statewide Clearance Results. ARCR displays the results of the individual clearance process for all applicants. DO NOT SELECT A PREVIOUS CASE ON ARCR. Press Enter .					
	ARCR STATEWIDE CLEARANCE RESULTS 12/05/07 16:44 COUNTY: 27 APPL NBR: 2000087029 WORKER: T49708 P REFM/HAR CASE NBR: SCREENER: T49708 CURR/LAST CLEAR R					
	SEL FIRST MI LAST SUF SSN KNOWN CASE ST FH STAT C HOWIE HIPSCREENTWO 402317836 0 N NEW					
	If an individual fails clearance, refer to File Clearance Failure Reason Codes by entering TRAN: RFDI; PARMS: TSCF. Resolve clearance issues and continue.					
	ARCR STATEWIDE CLEARANCE RESULTS 12/17/07 09:59 COUNTY: 27 APPL NBR: 2000087029 WORKER: T49709 A REFM/BIPPE CASE NBR: 2000087029 SCREENER: T49708 CURR/LAST CLEAR RSN					
	SEL FIRST MI LAST SUF SSN KNOWN CASE ST FH STAT CDE HOWIE HIPSCREENTWO 402317836 2000087029 A N NEW					
41.	View screen ARPC – Prior Contacts List. ARPC is an informational screen. Press Enter.					
	ARPC PRIOR CONTACTS LIST 12/1//0/ 10:01 COUNTY: 27 APPL NBR: 2000087029 T49709 A REFM/BIPPE					
	INDIV NUM FIRST MI LAST SUF SSN DOB S R 200015980299 HOWIE HIPSCREENTWO 402317836 02281951 M W					
	PROGRAMS IDENTIFIER STATUS BEGIN END COUNTY APPLCN REGISTRATION 2000087029 CASE 12/03/07 27					
42.	Complete screen ARCP – Choice of Programs. ARCP is pre-filled with choice of programs for each member. • Press Enter.					
	An edit should be displayed that states "AR Completed."					
	Note : For a HIP Application under Medical should be an "H", but there should be no other programs selected along with Medical if it is a HIP Application.					
	ARCP CHOICE OF PROGRAMS 12/17/07 10:00 COUNTY: 27 APPL : 2000087029 WORKER: T49709 A REFM/BI LAST ACTIVITY DATE: 12/03/07 STATUS: CASE ALL LISTED INDIVIDUALS APPLY FOR CASH, MEDICAL, FS:					
	INDIVIDUAL CASH, MEDICAL, FS CASH MEDICAL FS MA ENROLL 1 HOWIE H N N					

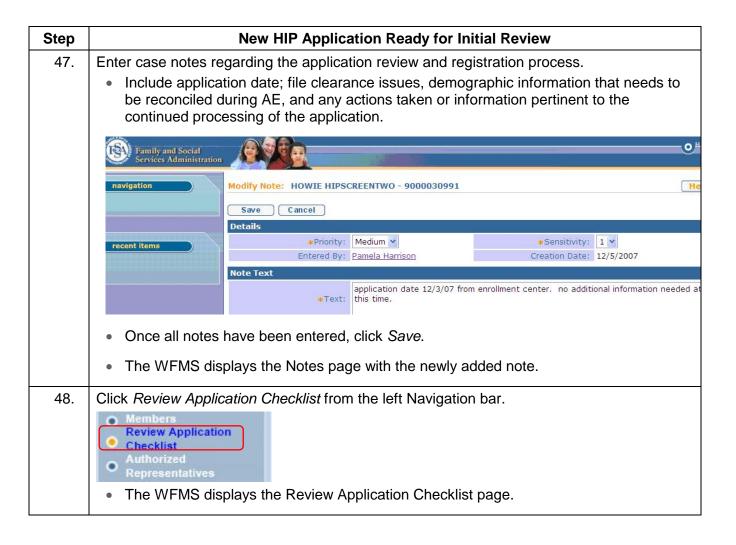
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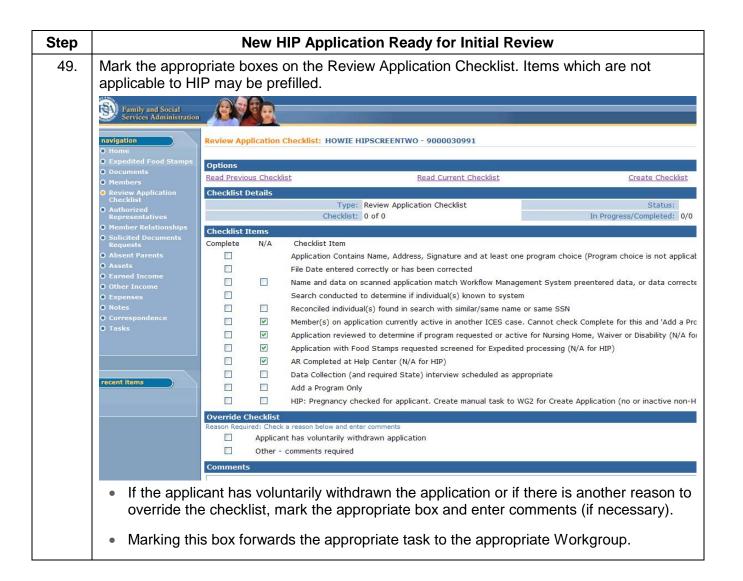
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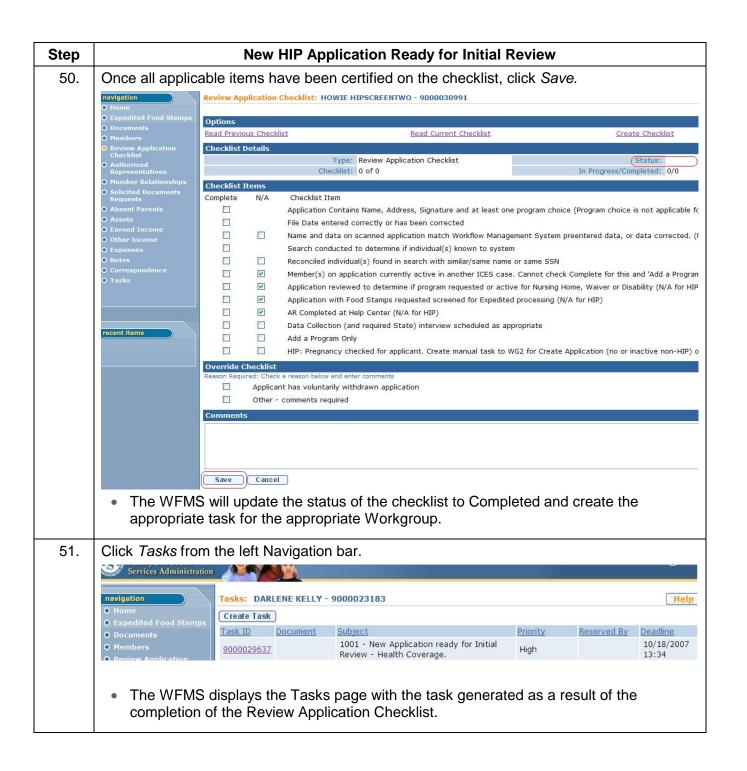
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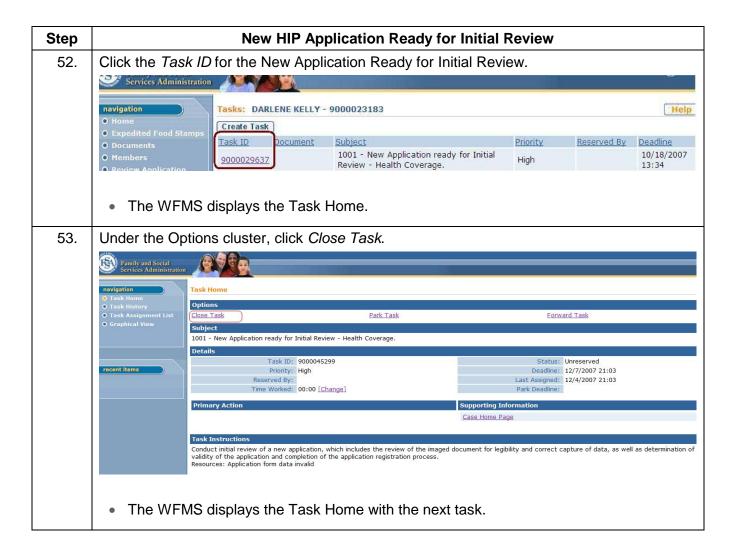
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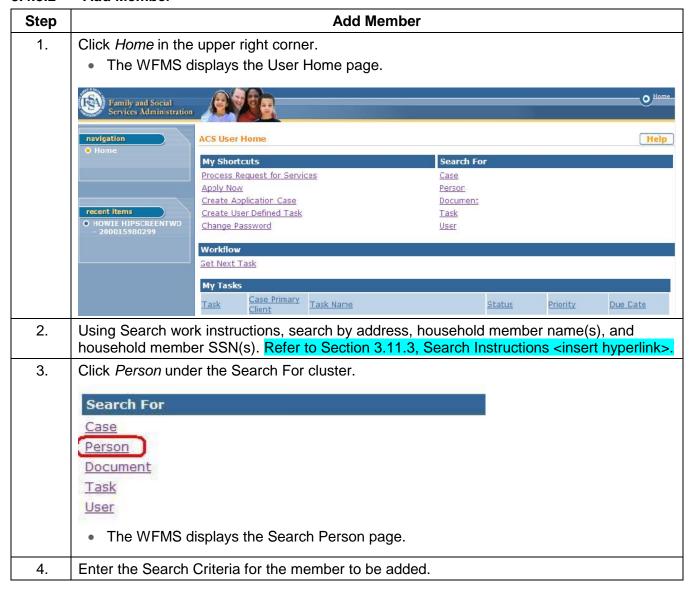
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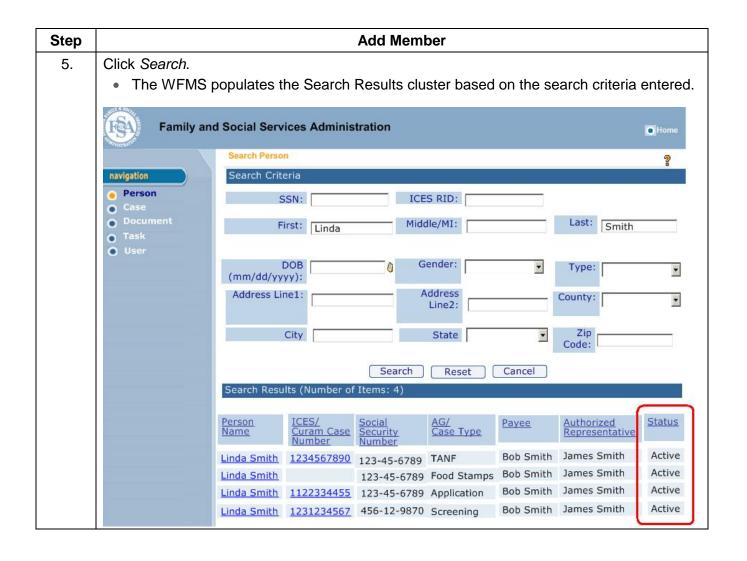
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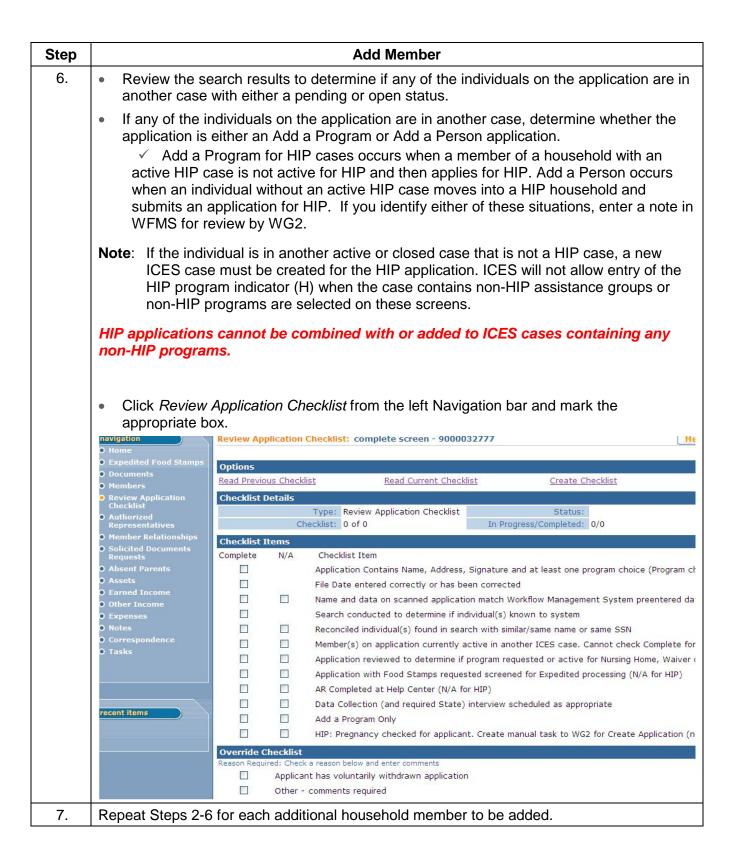
8.4.3.2 Add Member



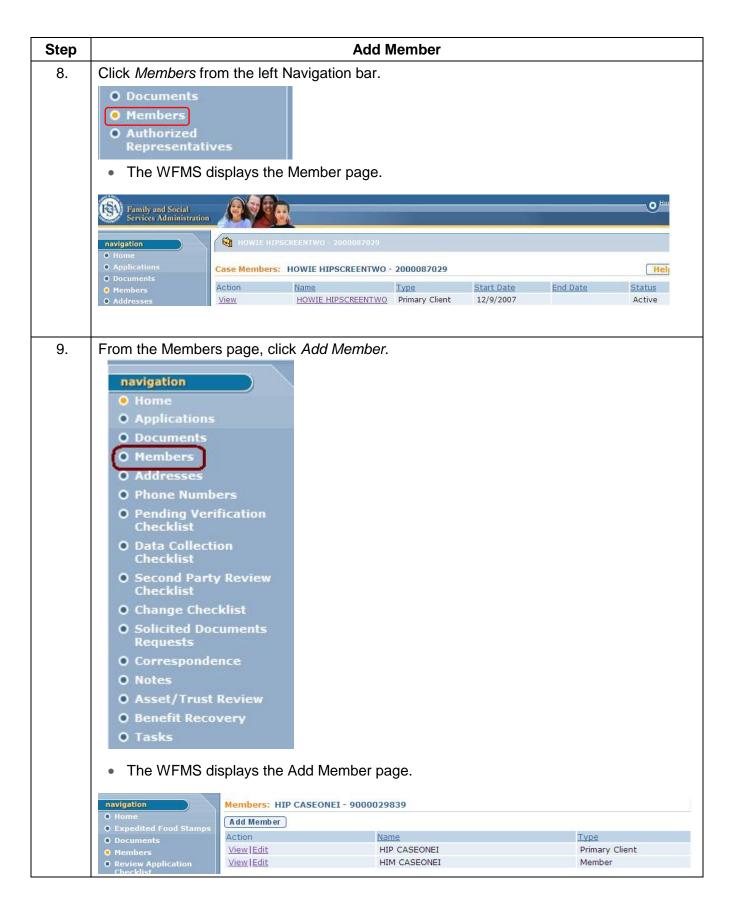
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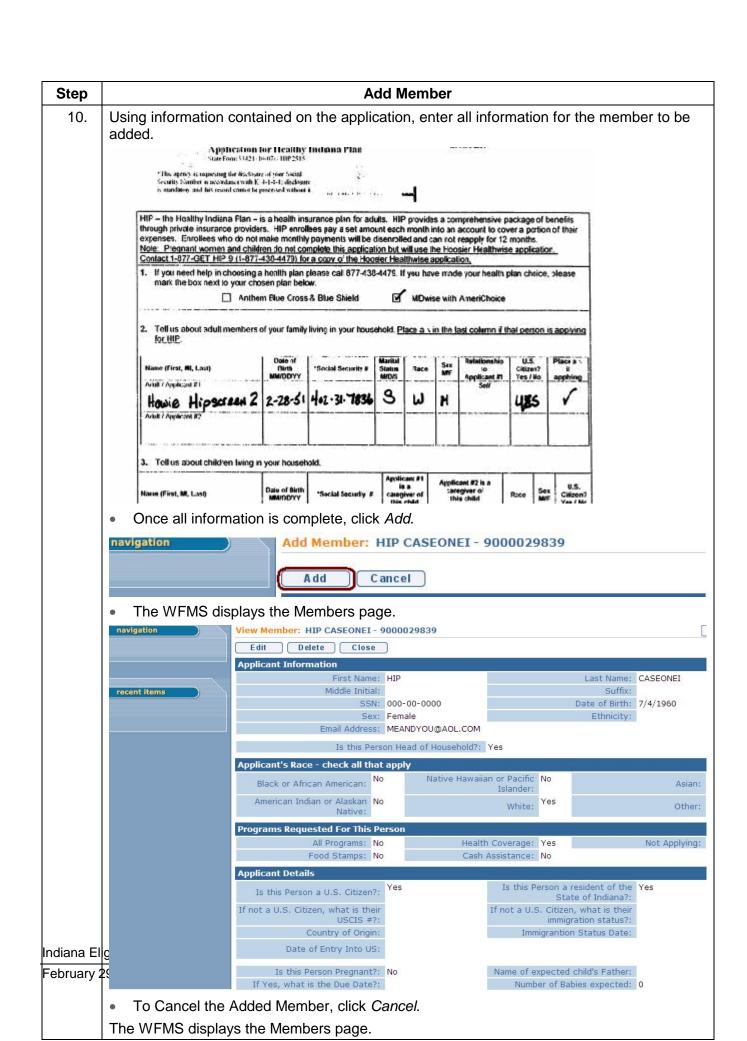


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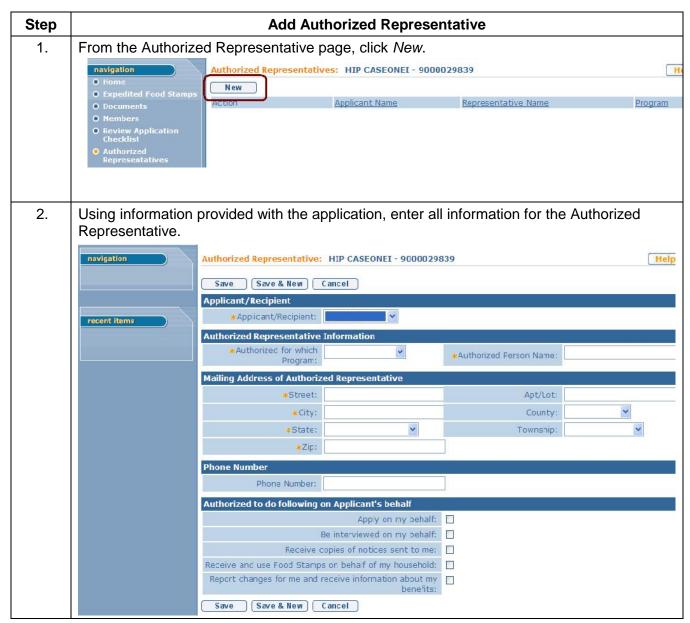
Page 8.4-35



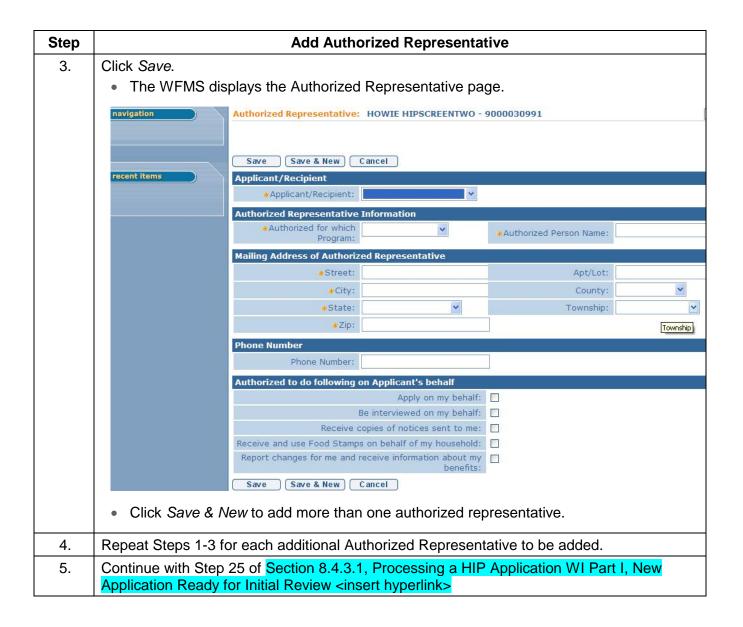
Step	Add Member
11.	Continue with Step 22 of Section 8.4.3.1, Processing a HIP Application Part I, New
	Application Ready for Initial Review <insert hyperlink=""></insert>

8.4.3.3 Add Authorized Representative

Although the HIP application does not contain a field for an applicant to designate an authorized representative, if information provided with the application indicates such a designation, the steps below are used to add an authorized representative to the case.

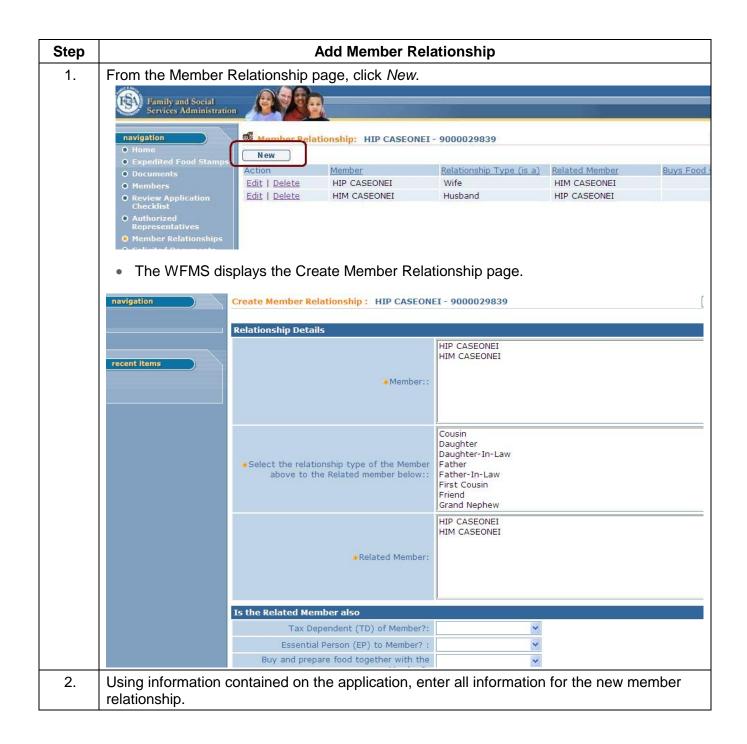


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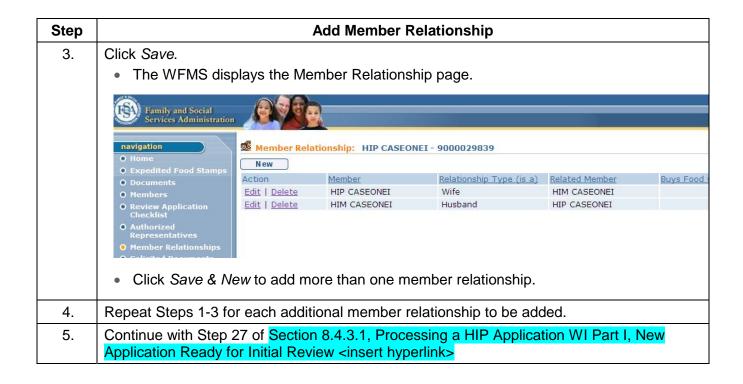


8.4.3.4 Add Member Relationship

Step	Add Member Relationship



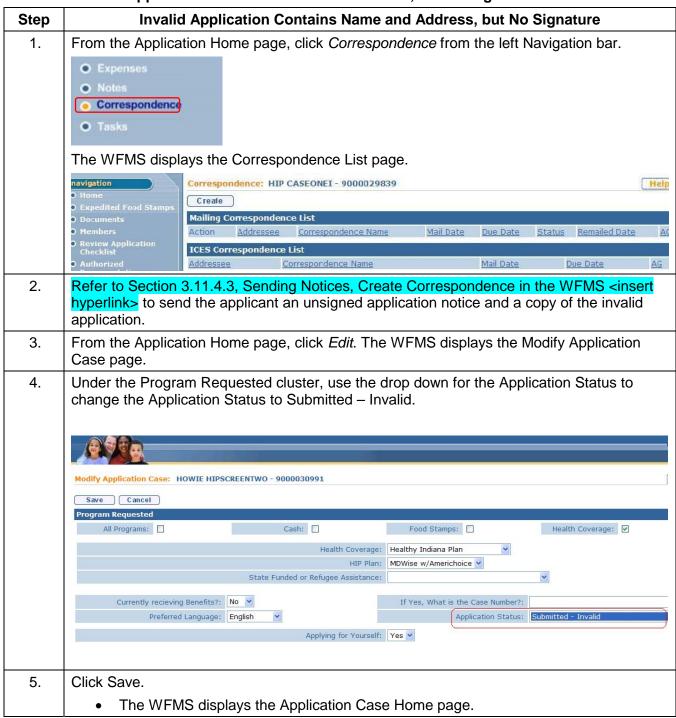
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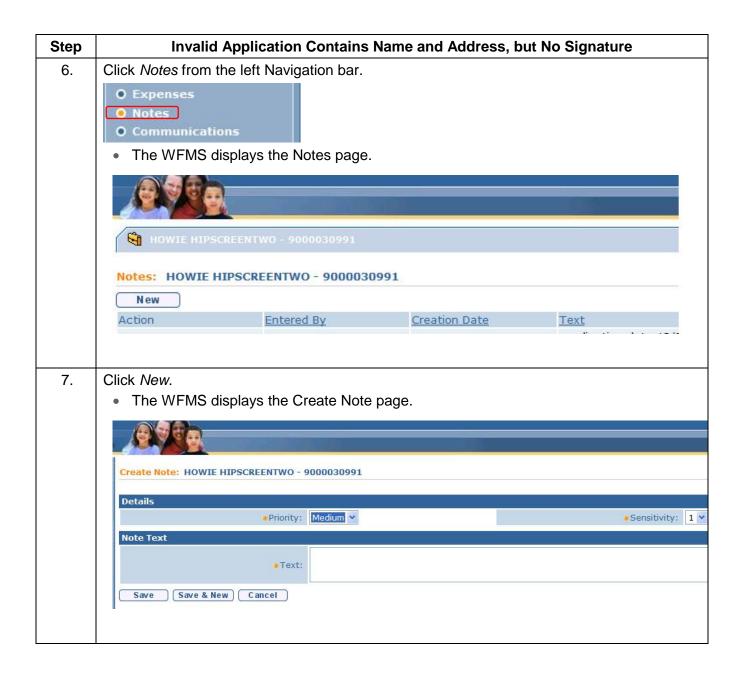
8.4.3.5 For Future Use

8.4.3.6 Invalid Application Contains Name and Address, but No Signature



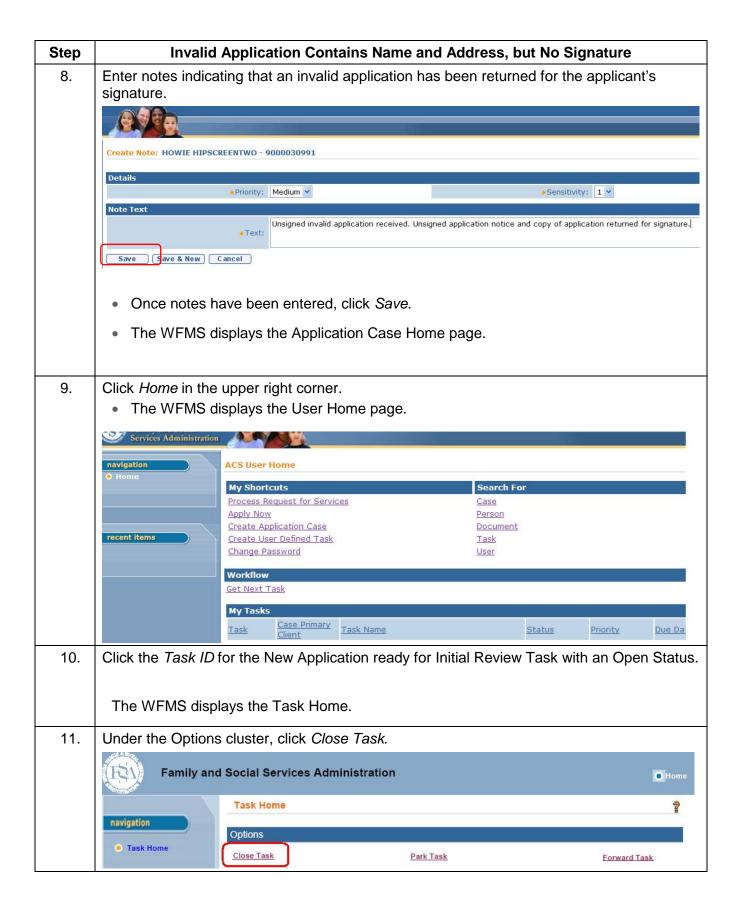
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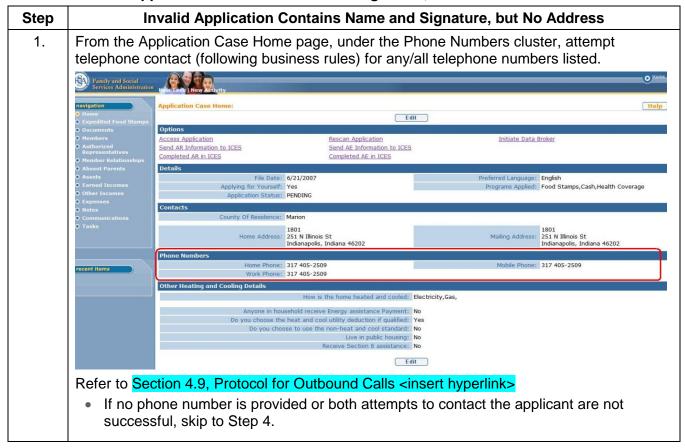


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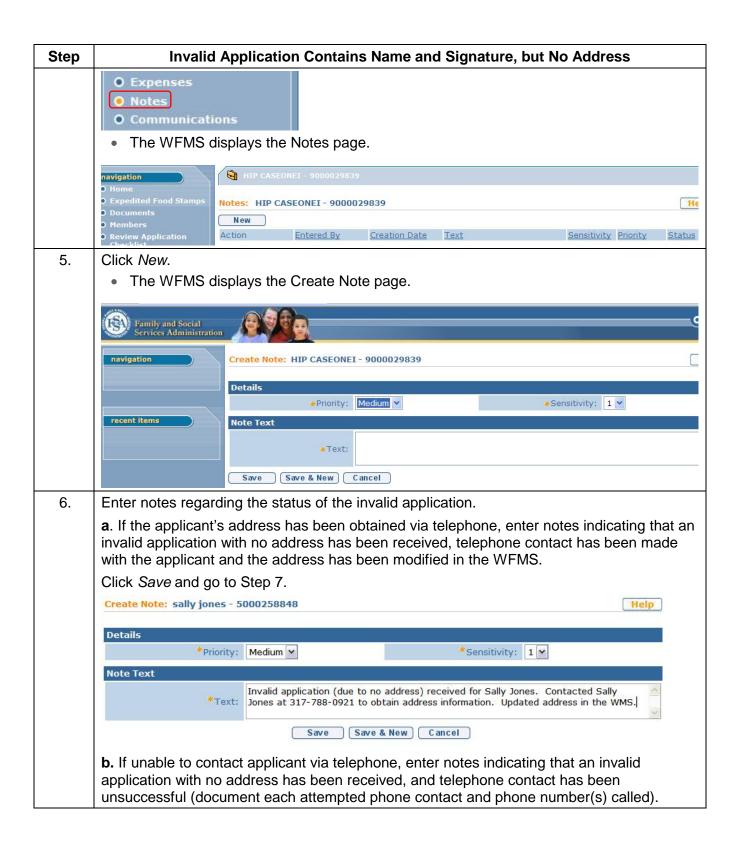
8.4.3.7 Invalid Application Contains Name and Signature, but No Address



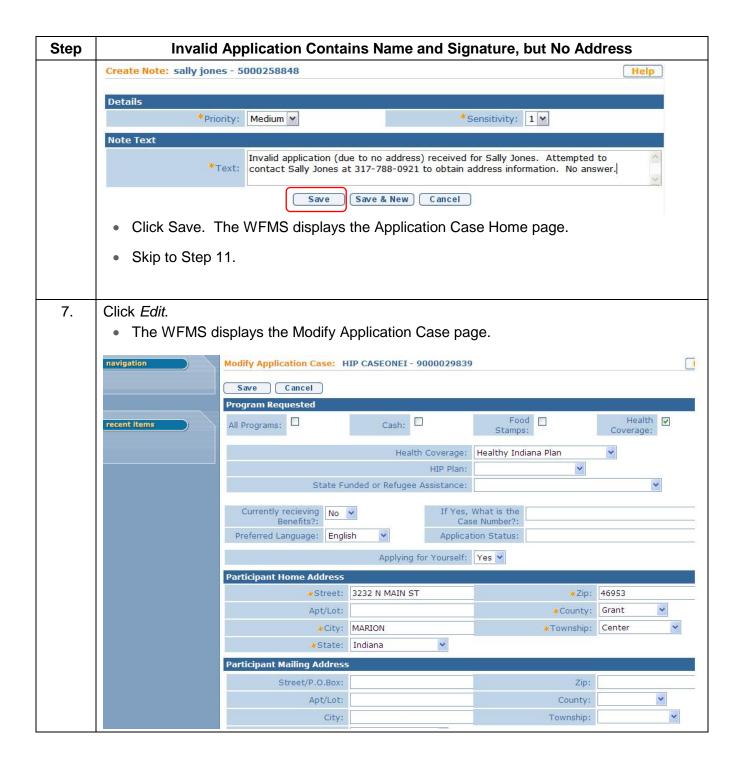
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Step Invalid Application Contains Name and Signature, but No Address If telephone contact is made with the applicant, identify yourself as calling on behalf of the 2. FSSA and confirm you are speaking with the applicant before continuing with the purpose of the call. Inform the applicant that his/her application has been received but no address has been submitted. Obtain the applicant's home address (and mailing address if different from home address) via telephone. Update the address(es) in the WFMS by clicking *Edit* from the Application Home page. The WFMS displays the Modify Application Case page. Modify Application Case: HIP CASEONEI - 9000029839 Save Cancel **Program Requested** Health 🗸 Food Cash: All Programs: recent items Coverage: Stamps: Health Coverage: Healthy Indiana Plan HIP Plan: State Funded or Refugee Assistance: Currently recieving Benefits?: If Yes, What is the Case Number?: Application Status: Preferred Language: English Applying for Yourself: Yes 🕶 Participant Home Address *Street: 3232 N MAIN ST ∗Zip: 46953 Apt/Lot: *County: Grant *City: MARION *Township: *State: Indiana Participant Mailing Address Street/P.O.Box: Zip: Apt/Lot: County: City: Under the Participant Home Address cluster, enter the home address provided by the 3. applicant via telephone. Participant Home Addres *Street: 892 LONDON LANE Zip: 46208 County: Marion Apt/Lot: 650 *City: INDIANAPOLIS *State: Indiana If the applicant indicated he/she has a mailing address, enter the mailing address under the Participant Mailing Address cluster. Once all information has been entered, click Save. The WFMS displays the Application Case Home page. 4. Click *Notes* from the left Navigation bar.

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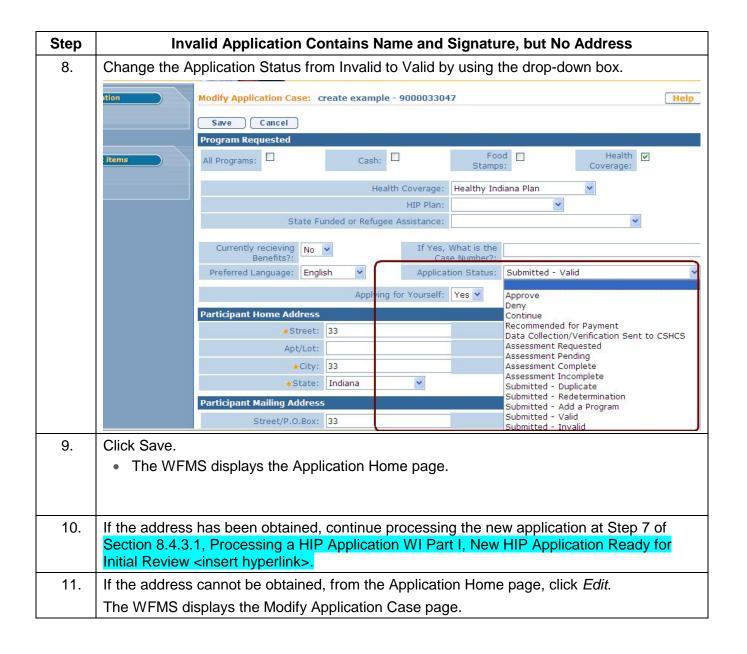


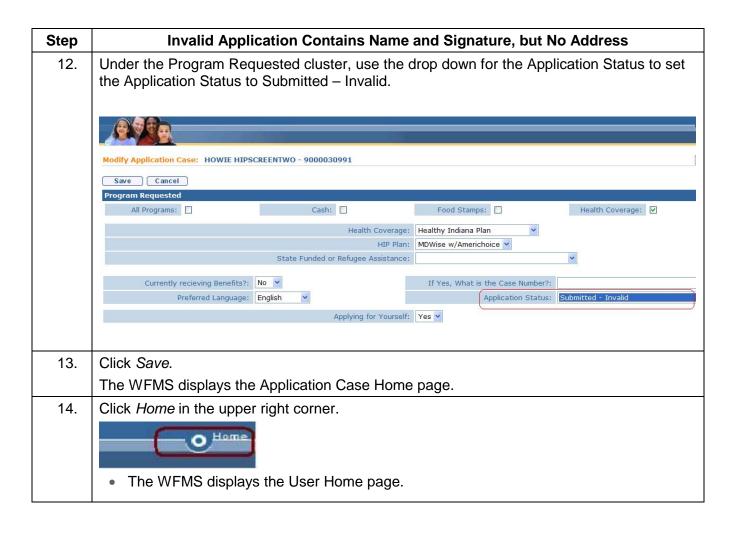
Indiana Eligibility Modernization Project

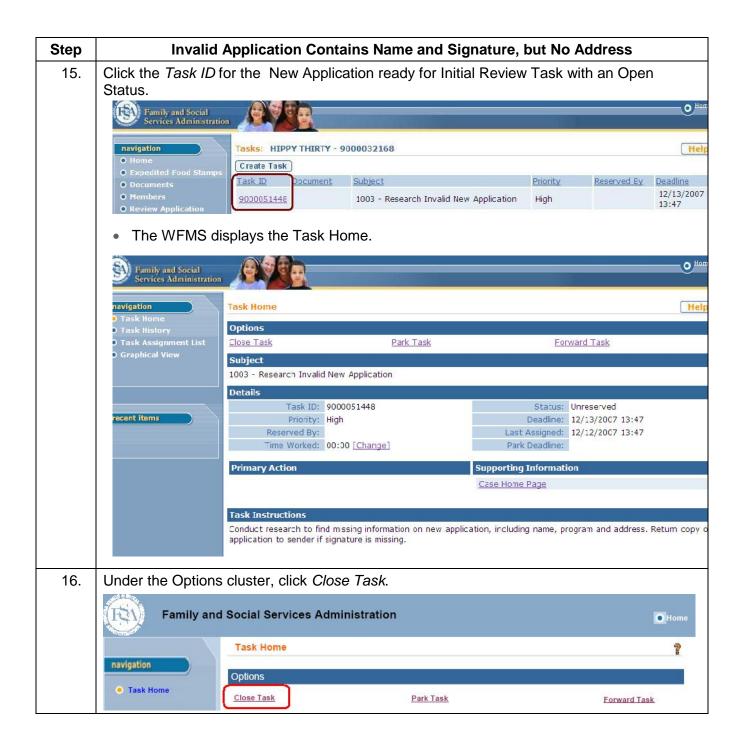


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8.4.3.8 Pregnancy

Step	HIP Application for Pregnant Applicant
.1	If the applicant is pregnant (noted in section 10 of the HIP application where applicant places a check mark if pregnant), perform a search to see if the applicant already has a pregnancy application or open case for health coverage. Refer to Search work instructions 3.11.3 <insert hyperlink="">.</insert>
	 If the applicant is found on a pregnancy application or open case for health coverage, continue processing the HIP application.
	 If the applicant is not found on another pregnancy Health Coverage application or case, the program choice needs to switch from HIP to Pregnancy
2	Determine if the applicant lives in one of the 12 counties in the Modernized Solution. The counties are shown in the Office Locator in the OPS tool:
	Counties shown below ARE part of the pilot project
	Click here to view the Grant Distict Offices
	 If the applicant lives in a Modernized Solution county, go to Step 3 and continue processing the case. NOTE: After the AR push is complete and the Review Application Checklist is complete, a task is created for the Service Center Staff to work as a regular pregnancy Health Coverage application. Be sure to document in WFMS notes all action taken on case and that it was submitted for HIP but determined to be a Pregnancy application
	 If the applicant does not live in a Modernized Solution county, the application will need to be transferred to that specific county. Refer to the Case Transfer Procedures in OPS <insert hyperlink="">.</insert>
3	If the applicant is listed on the HIP application but is NOT applying for HIP and a spouse is shown as applying for HIP, continue to process the HIP application for the spouse.

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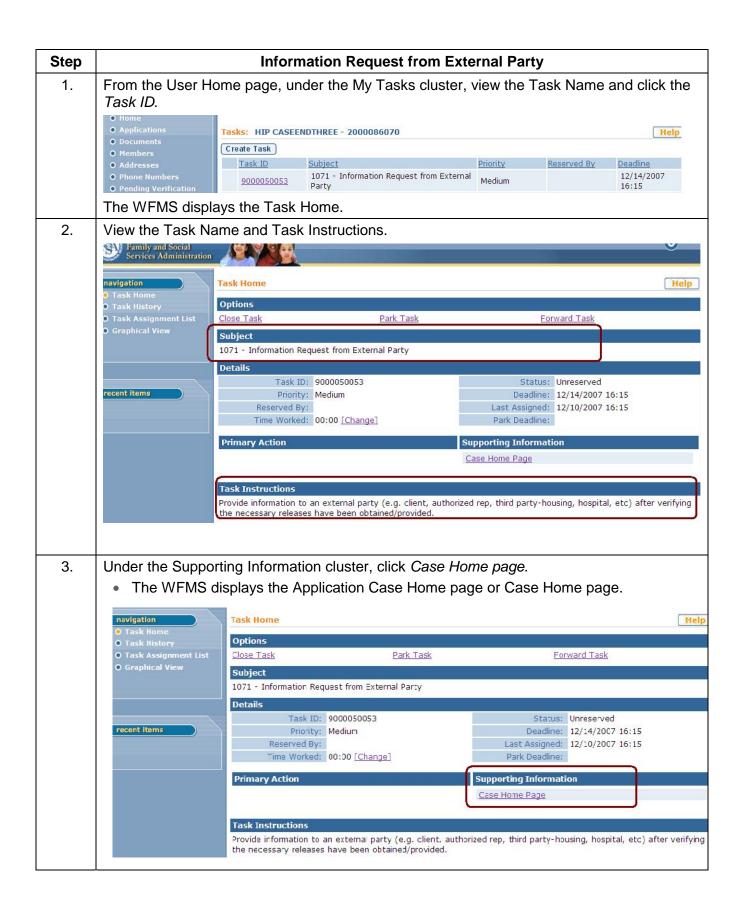
Step	HIP Application for Pregnant Applicant
4	If both the husband and wife apply and the wife is pregnant, search for a pregnancy application or case for health coverage. Refer to Search work instructions 3.11.3 < insert hyperlink.>
	 If the wife has a pregnancy application or case for health coverage, continue processing the HIP application for both applicants. (The wife's HIP application will eventually be denied, if a pregnancy application is in process.)
	 If the wife does not have a pregnancy application or case for health coverage, determine if she lives in a Modernized Solution county.
	✓ If the wife does not live in a Modernized Solution county, continue processing the HIP application for the husband and when finished, go to Step 7 and transfer the application for pregnancy health coverage to that specific county. <insert case="" hyperlink="" in="" ops="" procedures="" to="" transfer=""></insert>
	✓ If the wife lives in a Modernized Solution county, continue processing the HIP application for the spouse, complete the Review Application checklist and continue to Step 5.
	NOTE: In a situation where you are reviewing a HIP application for the spouse and a Pregnancy application for the wife, a Review Application Checklist must be completed for HIP for the husband and a separate Review Application Checklist must be completed for the wife's application case for pregnancy health coverage that you create in the next step.[.
5	If the wife lives in a Modernized Solution county, create a new application case for pregnancy health coverage. <insert 7="" 8.4.3.11="" application="" beginning="" case="" create="" hyperlink="" step="" to="" with=""> ACS User Home</insert>
	My Shortcuts Search For
	Process Request for Services Case
	Apply Now Person
	Create Application Case Document
	Create User Defined Task Change Password User User
	Copy all documents from the HIP case into the new case for the wife. (Note: until the system supports this, open and then save each of the documents to the hard drive of your computer and attach each document to the new case).
L	, , , , , , , , , , , , , , , , , , , ,

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ер			HIP Application for P	regnant Applicant
6	information	to ICE		health coverage includes sending AR, using same application date as noted on Checklist.
				Checked for Applicant so that a task is gnancy application for health coverage.
			Type: Review Application Checklis	t Status: Completed
		Cl	hecklist: 1 of 1	In Progress/Completed: 0/1 (1)
	Checklist I	tems		
	Complete	N/A	Checklist Item	
	✓		Application Contains Name, Addre	ss, Signature and at least one program choice
	✓		File Date entered correctly or has	been corrected
	~		Name and data on scanned applic	ation match Workflow Management System pı
	~		Search conducted to determine if	individual(s) known to system
	~		Reconciled individual(s) found in s	earch with similar/same name or same SSN
		~	Member(s) on application currently	y active in another ICES case. Cannot check
		~	Application reviewed to determine	if program requested or active for Nursing Hc
		~	Application with Food Stamps requ	uested screened for Expedited processing (N/.
		▽	AR Completed at Help Center (N/A	for HIP)
		~	Data Collection (and required Stat	e) interview scheduled as appropriate
		~	Add a Program Only	
		~	HIP: Pregnancy checked for applic	ant. Create manual task to WG2 for Create A
7	for the Ser sure to ent submitted	vice Ce er notes for HIP	nter to continue working the press in WFMS regarding all action and determined to be a pregna	Checklist are complete, a task is created egnancy application for health coverage. Be taken on the case, including that it was ncy application for health coverage.
	pregnancy OPS <inse< td=""><td>health or the health or the hyper cant live</td><td>coverage to that specific county rlink>.</td><td>Refer to Case Transfer Procedures in anty, close this task and get the next task for</td></inse<>	health or the health or the hyper cant live	coverage to that specific county rlink>.	Refer to Case Transfer Procedures in anty, close this task and get the next task for

8.4.3.9 Information Request from External Party

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Step	Information Request from External Party



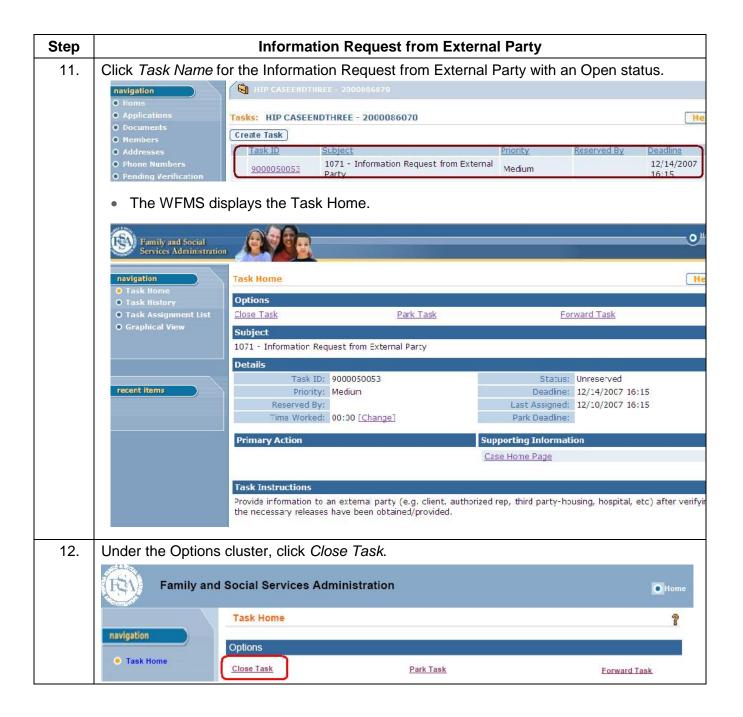
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Step	Information Request from External Party		
4.	Click Documents from the left Navigation bar. Navigation Home Documents Programs The WFMS displays the Documents page.		
5.	 From the documents indexed to the application or case, identify the release necessary to provide information to the external party. Some information requests from external parties may be accompanied by a signed release. If a request is accompanied by a valid signed release, go to Step 6. If there is no valid signed release on file for the external party, see Section 8.4.3.10, Processing a HIP Application WI Part I, No Signed Release of Information on File insert hyperlink. 		
6.	 Provide the information to the external party via the preferred method (i.e. telephone, mail, or fax). If the external party cannot be reached via telephone and a mailing address has been provided for the external party, return the information request via mail. Refer to Section 3.11.4, Sending Notices <insert hyperlink="">.</insert> If the external party cannot be reached via telephone and no mailing address has been provided, refer to Section 3.11.1, Creating, Parking, Forwarding, Getting, and Opening Tasks <insert hyperlink=""> for instructions to park the task and attempt contact following business rules.</insert> 		
7.	Navigate to ICES. Enter TRAN: CLRC; PARMS: ICES Case Number. NEXT TRAN: CLRC PARMS: 3000076384 Note: If an ICES case does not exist, update notes in the WFMS. Click Notes from the left Navigation bar. Expenses Notes Notes Click New. Click New. The WFMS displays the Notes page.		

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Step	Information Request from External Party
8.	Enter case notes regarding the information request from external party.
	 Include the name of the third party requestor, information requested, the date information was provided, method of providing information (if information provided via phone), name and phone number of external party contact.
	CLRC RUNNING RECORD COMMENTS 08/03/07 14:29 T49702 C TEST/JURGE COMMENTS TYPE: GENERAL COUNTY: 49 CASE: 3000353437 INITIAL CONTACT: MEG M FAKECLIENT
	ENTERED USERID COMMENTS 08/03/07 T49702 Received a request for information from a Salvation Army Case Manager, Lisa C. regarding one of her client's current eligibility status and what she is receiving. Checked WMS Documents and found a consent to release information to
	08/03/07 T49702 Lisa C. from the client. Provided Lisa C. with the information she needed and concluded the call. KJ T49702
	08/03/07 T49702
	NEXT TRAN: PARMS:
9.	If the information request from an external party results in a potential or known change that impacts eligibility and must be acted upon, even if the client does not report the change, such as changes not related to recalculation of the POWER account (e.g. address change, death of a member, receipt of health coverage, etc), refer to Section 3.11.1, Creating, Parking, Forwarding, Getting, and Opening Tasks <insert hyperlink="">, and Section 8.4.5.12, Processing an Application WI Part II, Initiate Reported Change Task <insert hyperlink=""> for instructions to create a task from within the case and forward the Reported Change task to the appropriate queue, .</insert></insert>
10.	Click Tasks from the left Navigation bar.
	O Expenses O Notes O Correspondence O Tasks O Case Clues O Related Cases O Health Screening Questionnaires
	The WFMS displays the Tasks page.

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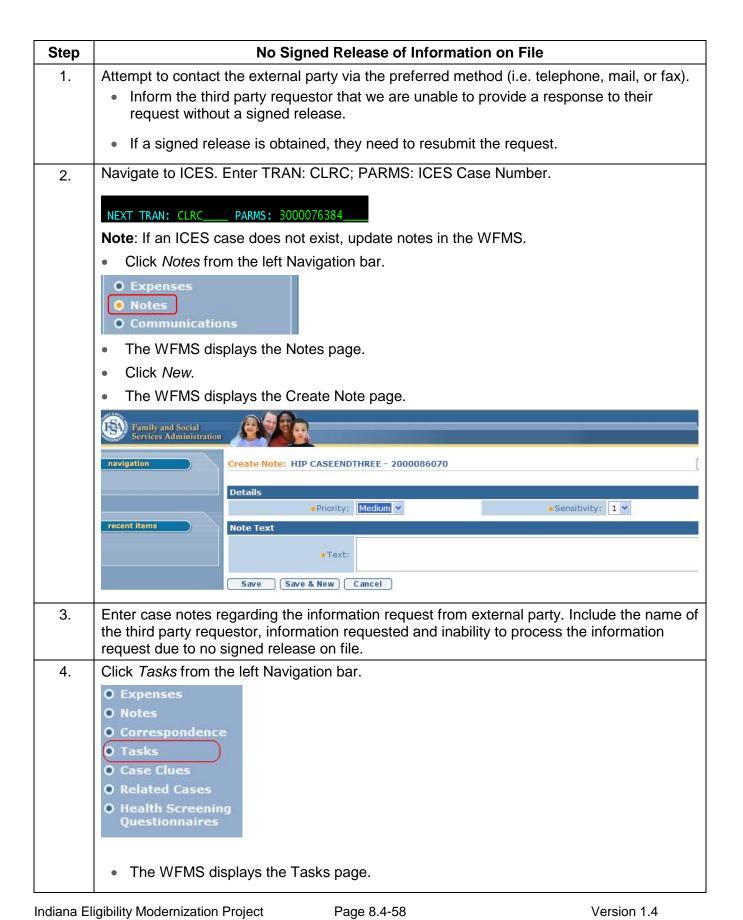
8.4.3.10 No Signed Release of Information on File

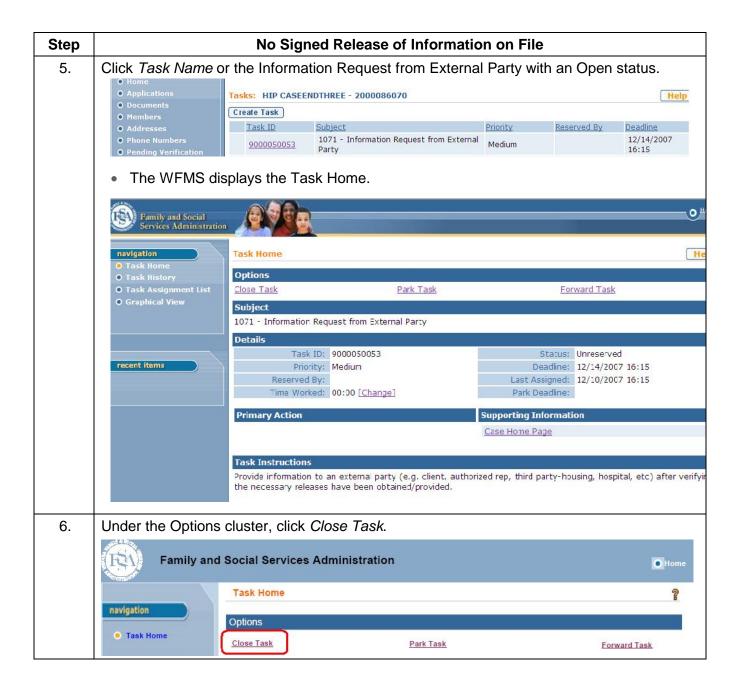
If information has been requested from an external party, but no signed release of information is on file, it may be necessary to respond to the external party and inform the requestor that we are unable to provide a response to their request without a signed release.

No Signed Release of Information on File	Step	No Signed Release of Information on File
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Create Application Case 8.4.3.11

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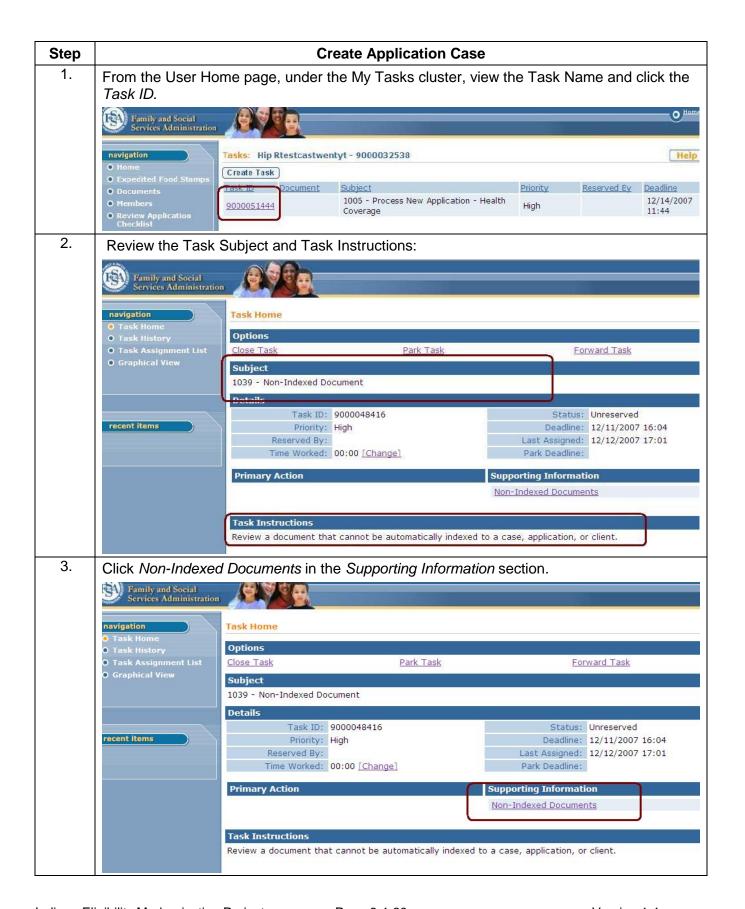
An application case is manually created in the Service Center only when a significant problem prevents the Document Center from data entering a HIP application.

Since this is an exception process only, Service Center managers will determine how HIP applications that cannot be data entered at the Document Center would be received so that an Application Case can be created. Applications may be scanned and received as non-indexed documents or possibly as New Application Ready for Initial Review tasks. The assumption is that the documents are received as scanned images.

Step	Create Application Case

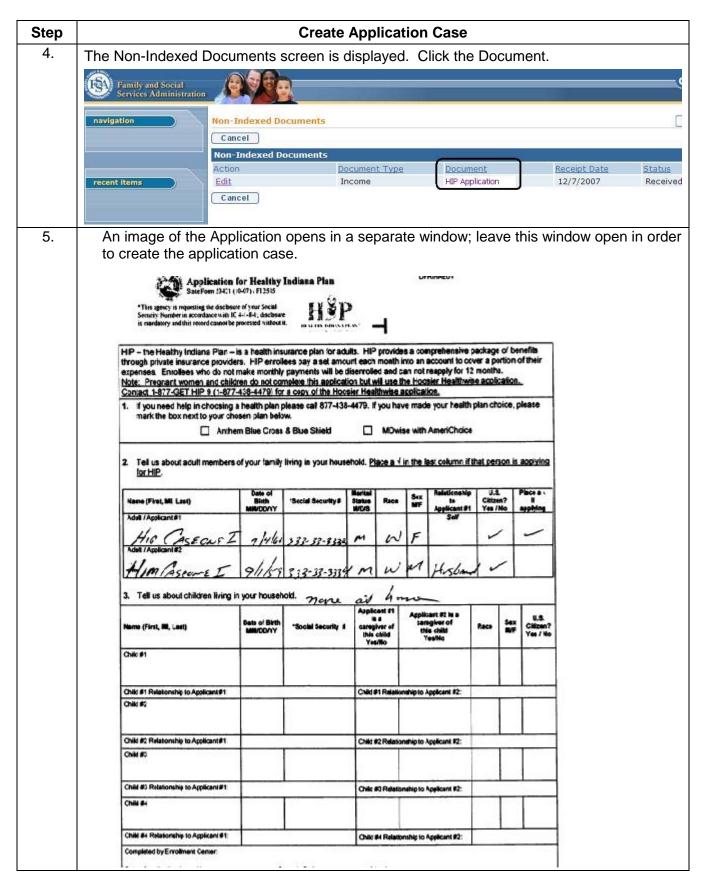
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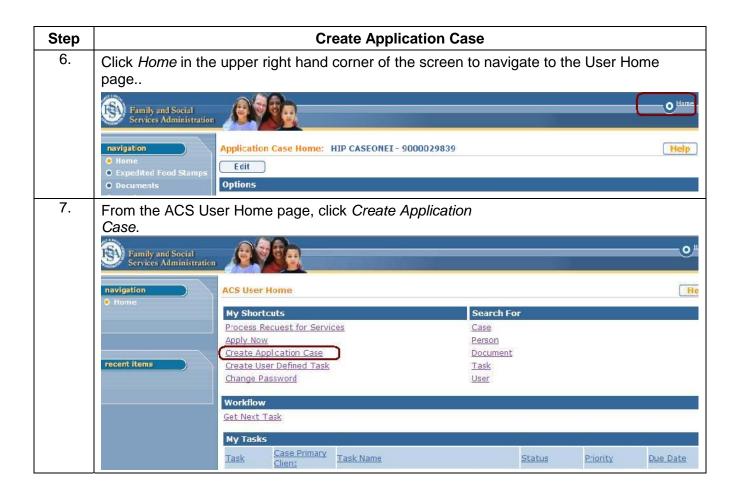
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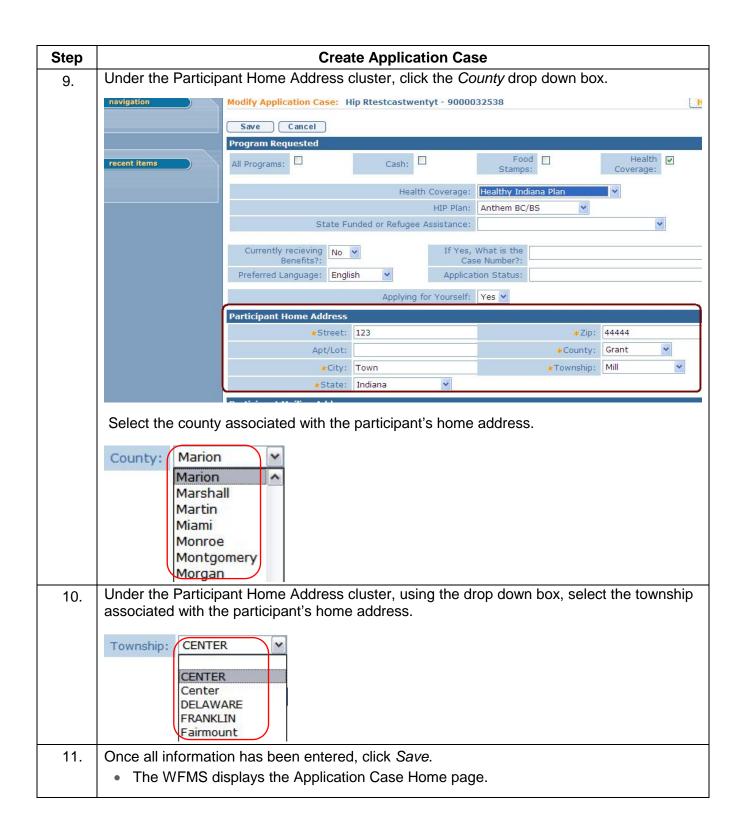
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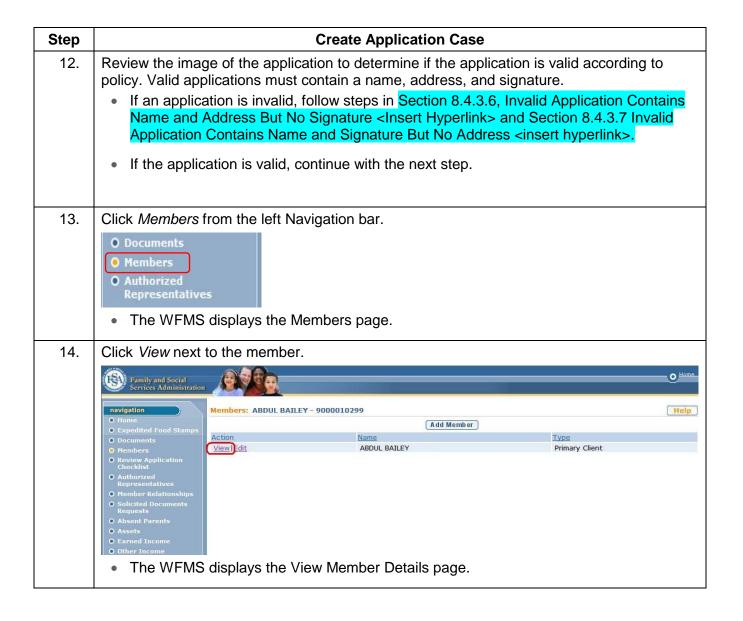


Step **Create Application Case** 8. Complete the information on the Create Application Case screen. To complete the AR and AE processes in ICES, the county and township must be entered in the WFMS Application Case. If unknown, the county and/or township may be obtained by using the Township Locator in the OPS Tool or using the Census Bureau website http://factfinder.census.gov/servlet/AGSGeoAddressServlet?_lang=en&_programYear= 50&_treeId=420 <insert hyperlink>. **Note:** Required fields are marked with a red asterisk. Family and Social Services Adminid Social dministration navigation Create Application Case Help Save | Cancel Applicant Middle Initial: First Name: recent Items Y Last Name Suffice: **Program Requested** All [Food Health [Coverages Programs: Assistance: Stamps: Health Coverage: * HIP Plan: State Funded or Refugee Assistance: Ifyes, What is the Currently recieving benefits? Case Number ? Preferred English Y Language: Applying for Yourself. Yes V Participant Home Address Street Apt/Lot City: *County: eTownship: *State: Indiana +Zip: How many people live at this address (including yourself)?

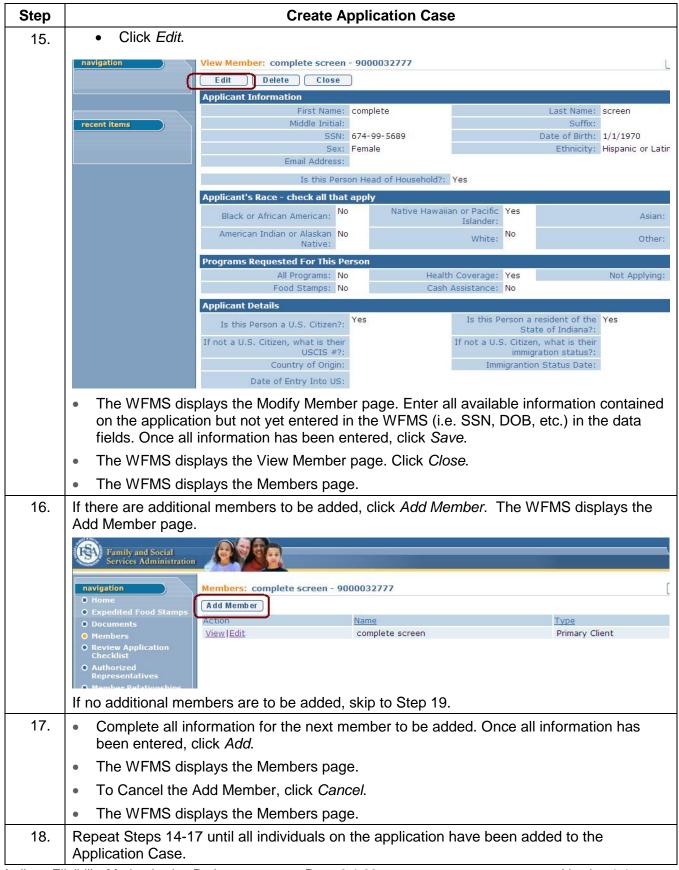
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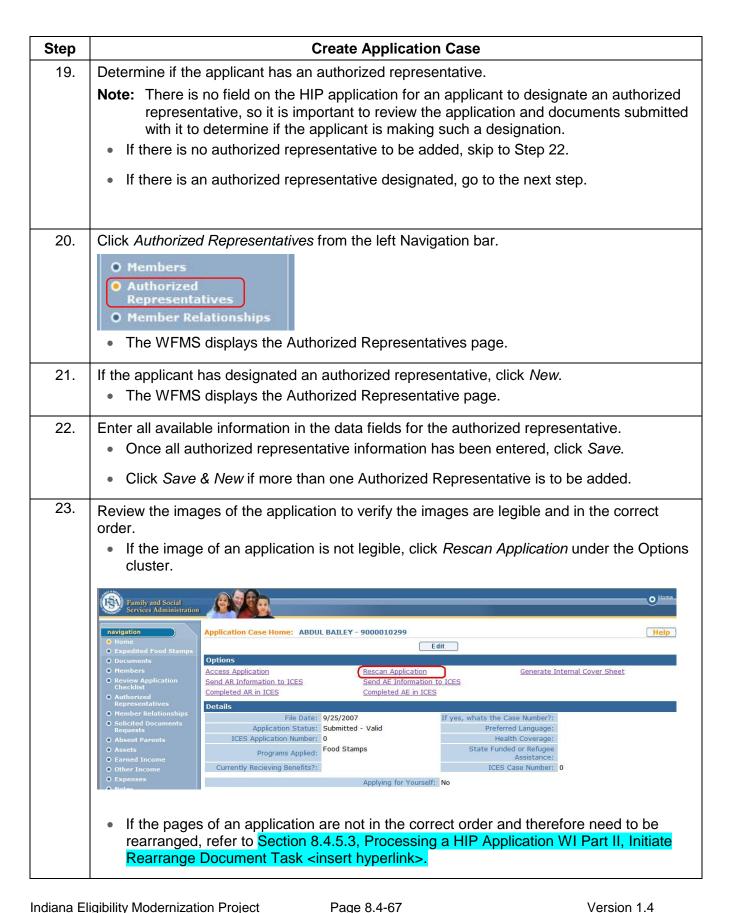


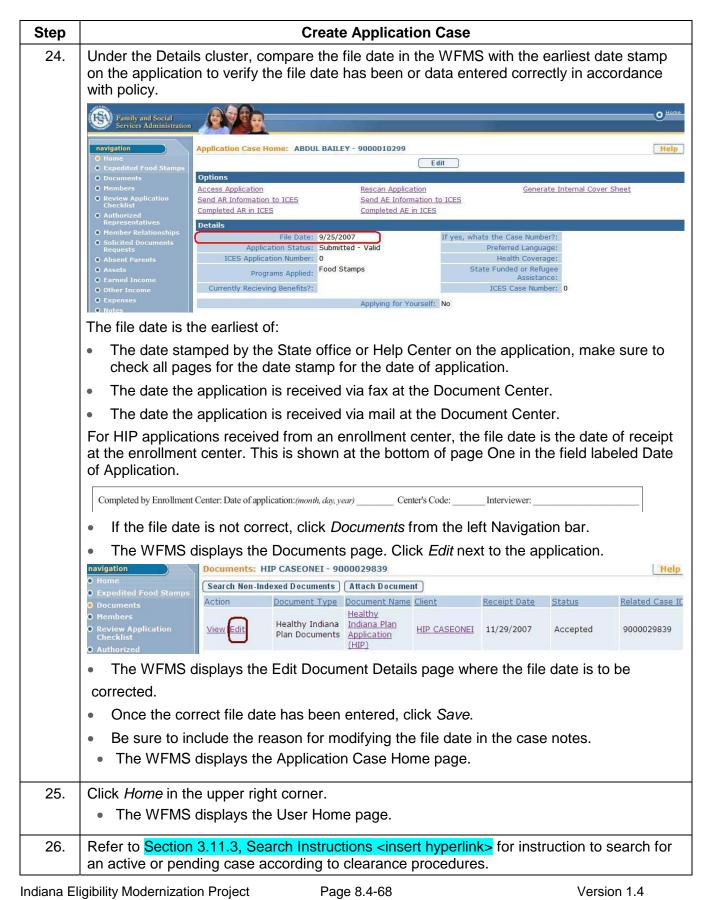
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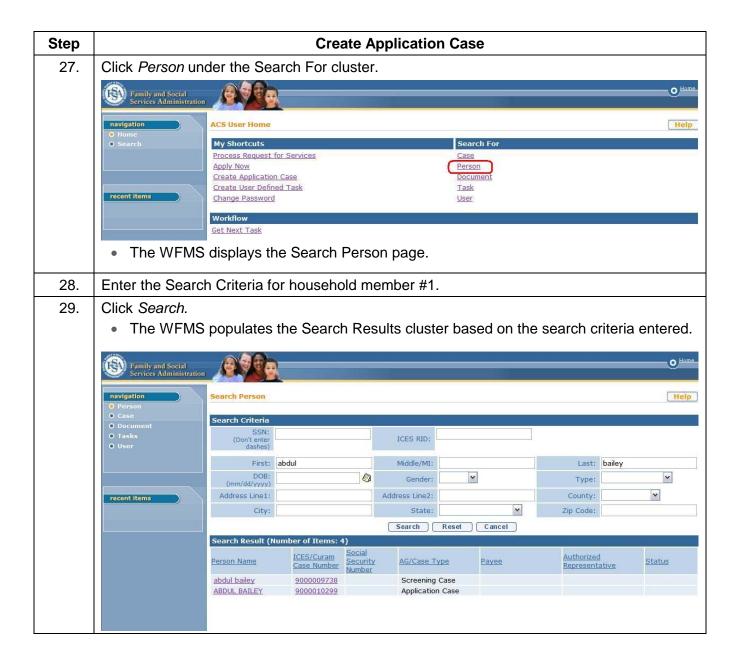


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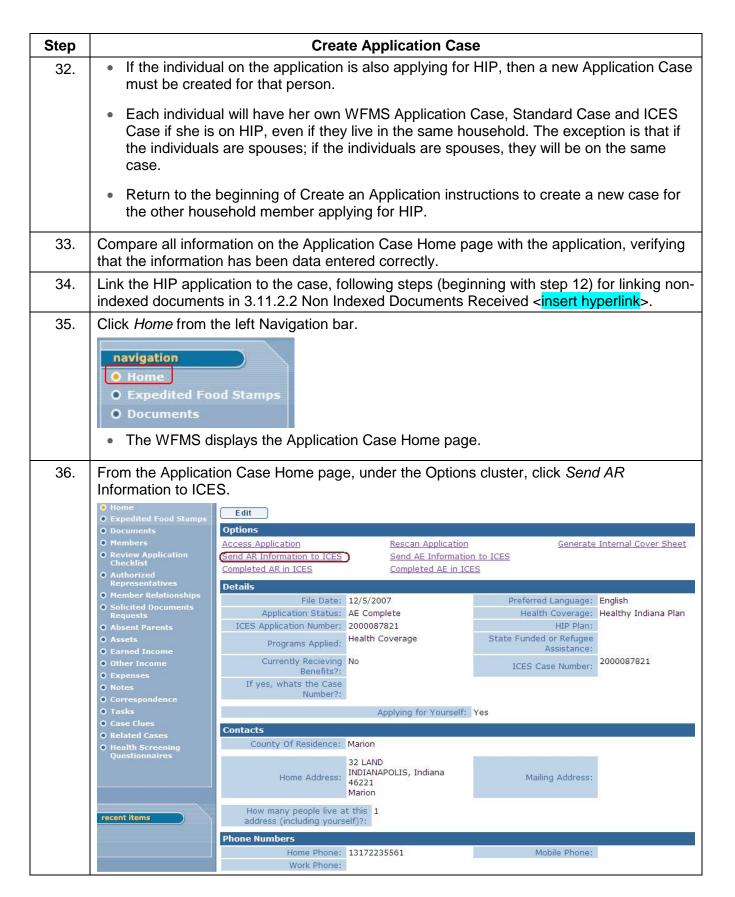








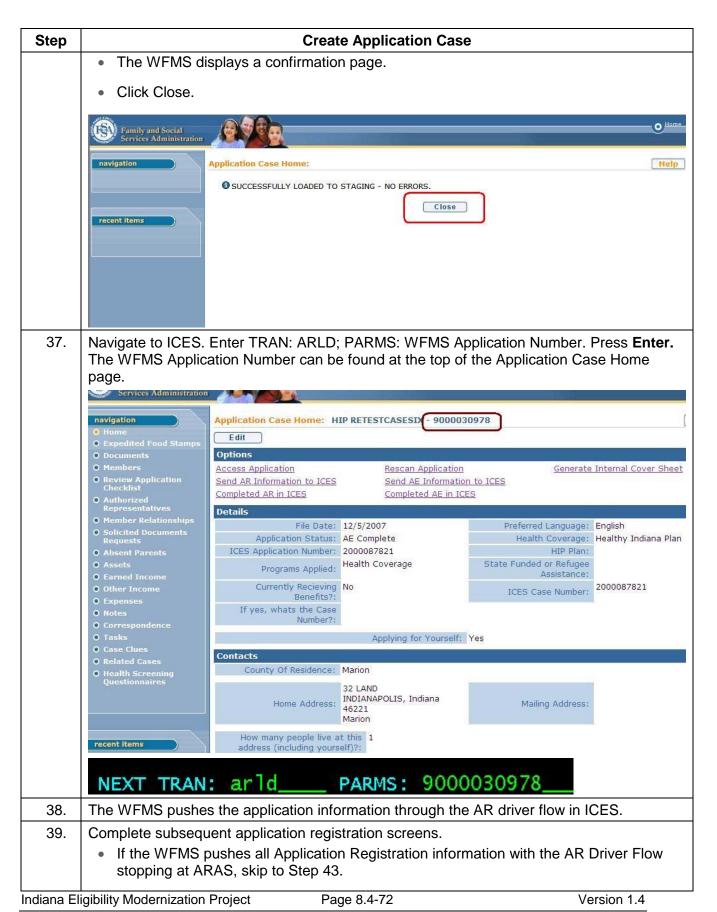
Step **Create Application Case** 30. Review the search results to determine if any of the individuals on the application are in another case with either a pending or open status. If no pending or open application or case is found, skip to step 34. If any of the individuals on the application are in another case, determine whether the application is either an Add a Program or Add a Person application. **Note:** If the case is an Add a Program, then a separate application has to be completed as HIP cases are kept separate from all other programs. If it is an Add a Person, check to see if the person is requesting HIP also. If the person is requesting HIP, the person should have her own case created, not added to the currently open case. The exception is that if the person is the spouse of a HIP recipient; if so, add the spouse to the existing HIP case. If the individual is just moving into the household and does not want HIP, then follow the steps for adding a new household member in Section 8.4.3.2, Processing a HIP Application WI Part I, Add Member.<insert hyperlink> Click Review Application Checklist from the left Navigation bar and mark the appropriate box. The oldest checklist is being displayed Options Read Previous Checklist Create Checklist Read Current Checklist Checklist Details Kepreseman Member Relationships Type: Review Application Checklist Status: Completed Checklist: 1 of 1 In Progress/Completed: 0/1 (1) Checklist Items Complete N/A Checklist Item V Application Contains Name, Address, Signature and at least one program choice (Program of V File Date entered correctly or has been corrected V Name and data on scanned application match Workflow Management System preentered di ~ Search conducted to determine if individual(s) known to system ~ Reconciled individual(s) found in search with similar/same name or same SSN V Member(s) on application currently active in another ICES case. Cannot check Complete for ~ Application reviewed to determine if program requested or active for Nursing Home, Waiver ~ Application with Food Stamps requested screened for Expedited processing (N/A for HIP) ~ AR Completed at Help Center (N/A for HIP) ecent items ~ Data Collection (and required State) interview scheduled as appropriate ~ Add a Program Only V HIP: Pregnancy checked for applicant. Create manual task to WG2 for Create Application (Override Checklist son Required: Check a reason below and enter comments Applicant has voluntarily withdrawn application Other - comments required If more than one household member is listed on the application, but is not applying for HIP, 31. click Reset to enter the next member's information. Repeat Steps 28-30 for each household member. If any other individual on the application is applying for HIP, go to Step 32. If there are no other household members or all members have been added, skip to Step 33.



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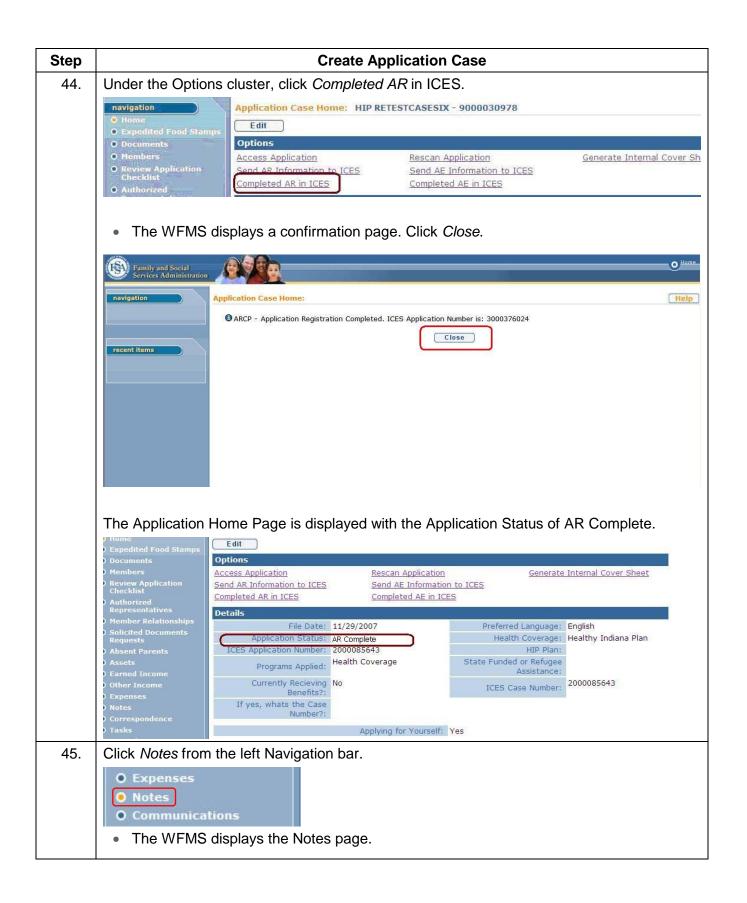


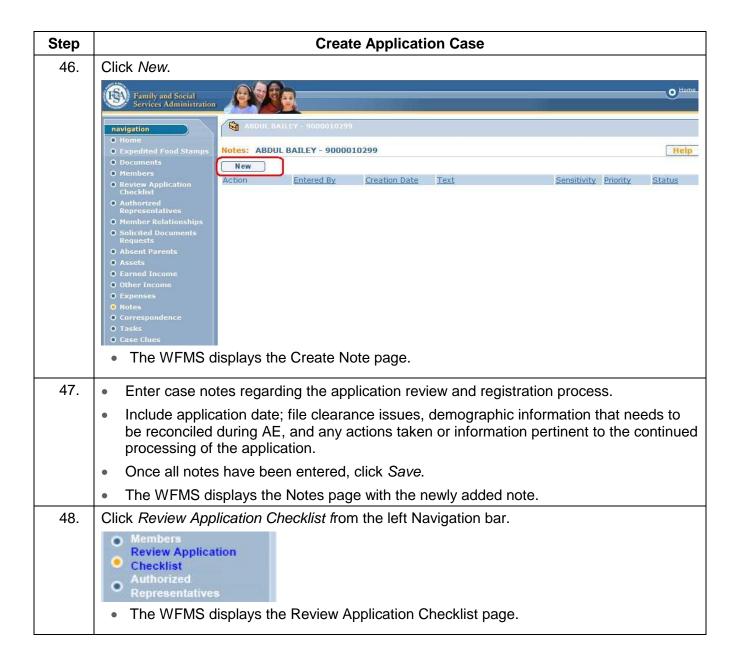
Step	Create Application Case				
40.	Complete screen ARIS – Individual Statewide Clearance List. ARIS displays when potential matches are found.				
	ARIS INDIVIDUAL STATEWIDE CLEARANCE LIST 07/12/07 08:54 COUNTY: 49 APPL NBR: 3000349179 WORKER: T49704 T49704 A TEST/ROGER				
	SSN FIRST MI LAST SUF DOB S R 308945688 PEYTON MANNING 05031974 M W ICES ALIAS				
	S RID/SSN FIRST MI LAST SUF DOB S R ST CO SCORE 300020553 PEYTON MANNING 05011974 M W A 49 76 311700004 PEYTON MANNING 01011970 M W I 72 61				
	PF17: ARIR (NO SELECT); PF20: TOP OF LIST; PF22: NEW INDV; PF23: AEIPC NEXT TRAN: PARMS:				
	 For an exact match, place an "X" in the select column and press Enter. The next individual displays and the same process is repeated until all individuals have been cleared. 				
	 If demographic data contained in ICES is different than demographic data contained on the application, reconcile the information to allow for completion of the application registration process without creating a duplicate RID. Be sure to include any incorrect demographic data in case notes to inform the next worker to make any required demographic corrections. 				
	• If the individual is not known to ICES, press PF22 . An edit appears at the bottom of the screen. To confirm the individual is new, enter "Y" and press Enter .				
	PF22 - NEW INDV, ARE YOU SURE ?, PLEASE CONFIRM: _ (Y/N)				

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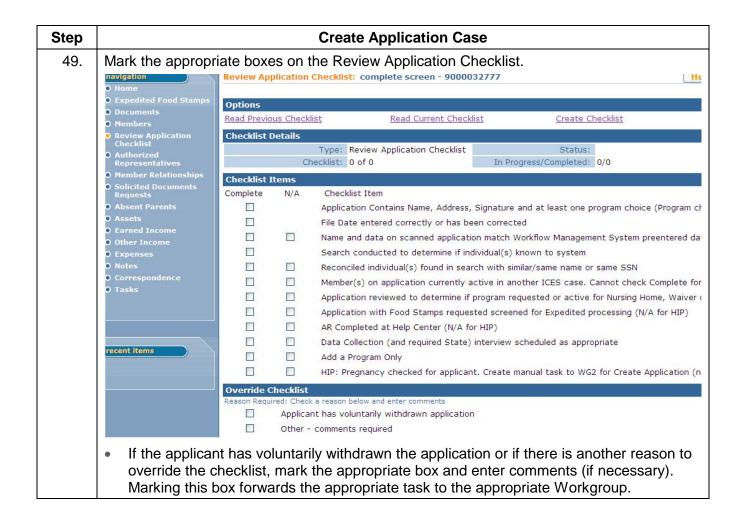
Step	Create Application Case
41.	Complete screen ARCR – Statewide Clearance Results. ARCR displays the results of the individual clearance process for all applicants. DO NOT SELECT A PREVIOUS CASE ON ARCR . Press Enter .
	ARCR STATEWIDE CLEARANCE RESULTS 09/26/07 16:26 COUNTY: 1 APPL NBR: 3000376024 WORKER: T49704 A TEST/ROGER CASE NBR: SCREENER: T49704 CURR/LAST CLEAR RSN
	SEL FIRST MI LAST SUF SSN KNOWN CASE ST FH STAT CDE ABDUL BAILEY 0 N NEW
	PF16: ARAD PF17: ARIR PF18: ARIS PF20: TOP LIST PF21: RESET CASE NEXT TRAN: PARMS:
	 If an individual fails clearance, refer to File Clearance Failure Reason Codes by entering TRAN: RFDI; PARMS: TSCF. Resolve clearance issues and continue.
	ARCR STATEWIDE CLEARANCE RESULTS 12/13/07 09:22 COUNTY: 27 APPL NBR: 2000088753 WORKER: T49709 A REFM/BIPPE CASE NBR: SCREENER: T49709 CURR/LAST CLEAR RSN
	SEL FIRST MI LAST SUF SSN KNOWN CASE ST FH STAT CDE COMPLETE SCREEN 309925689 0 N NEW

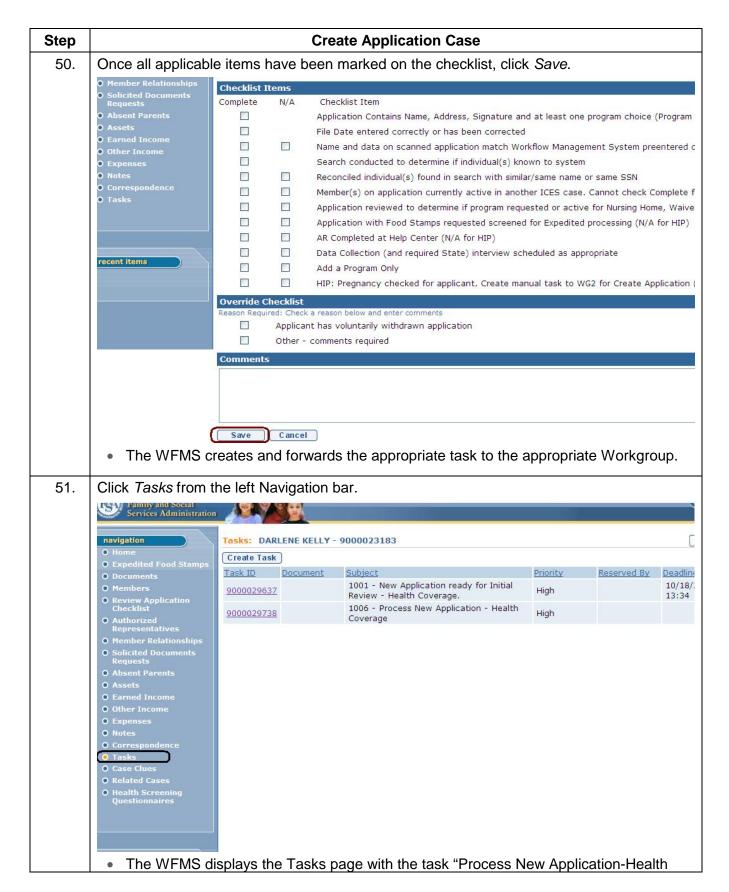
Step	Create Application Case
42.	View screen ARPC – Prior Contacts List. ARPC is an informational screen. Press Enter.
	ARPC PRIOR CONTACTS LIST 09/26/07 16:29 COUNTY: 01 APPL NBR: 3000376024 T49704 A TEST/ROGER
	INDIV NUM FIRST MI LAST SUF SSN DOB S R 300080284799 ABDUL BAILEY 08061972 M B
	PROGRAMS IDENTIFIER STATUS BEGIN END COUNTY APPLCN REGISTRATION 3000376024 PEND 09/26/07 01
	NEXT TRAN: PARMS:
43.	Complete screen ARCP – Choice of Programs. ARCP is pre-filled with choice of programs for each member. Press Enter .
	Note: Since this is a new HIP Application, then the only program choice should be an "H" under Medical. If any other programs are marked or Medicaid is marked with an "N" or "Y" then the application needs to be completed by someone in a non-HIP New Applications work queue.
	ARCP CHOICE OF PROGRAMS 12/12/07 11:31 COUNTY: 27 APPL : 2000087821 WORKER: T49709 A REFM/BIPPE LAST ACTIVITY DATE: 12/05/07 STATUS: CASE ALL LISTED INDIVIDUALS APPLY FOR CASH, MEDICAL, FS:
	INDIVIDUAL CASH, MEDICAL, FS CASH MEDICAL FS MA ENROLL 1 HIP R _ N N N

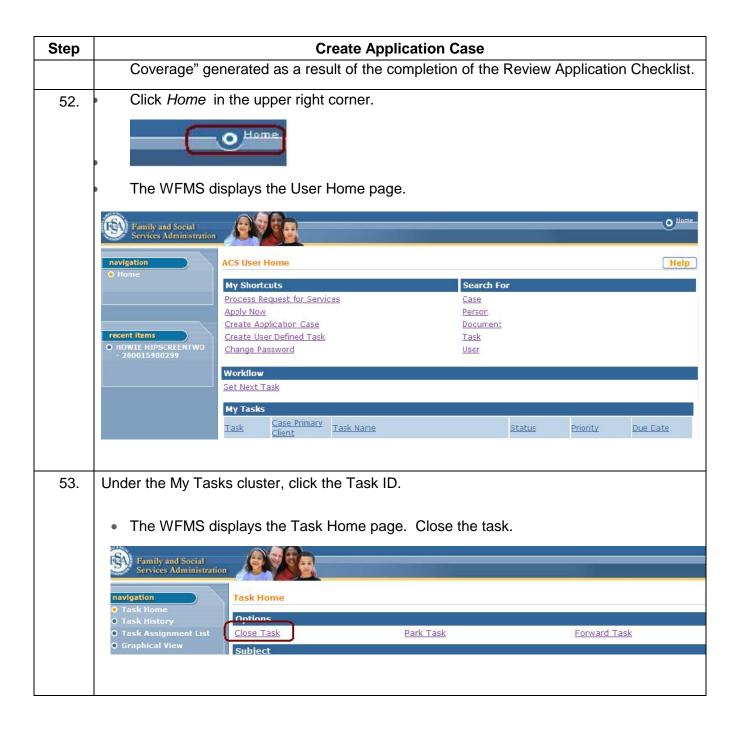




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8.4.3.12 ICES Failure Messages Instructions to be included to resolve problems with the push from the WFMS to ICES.